This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

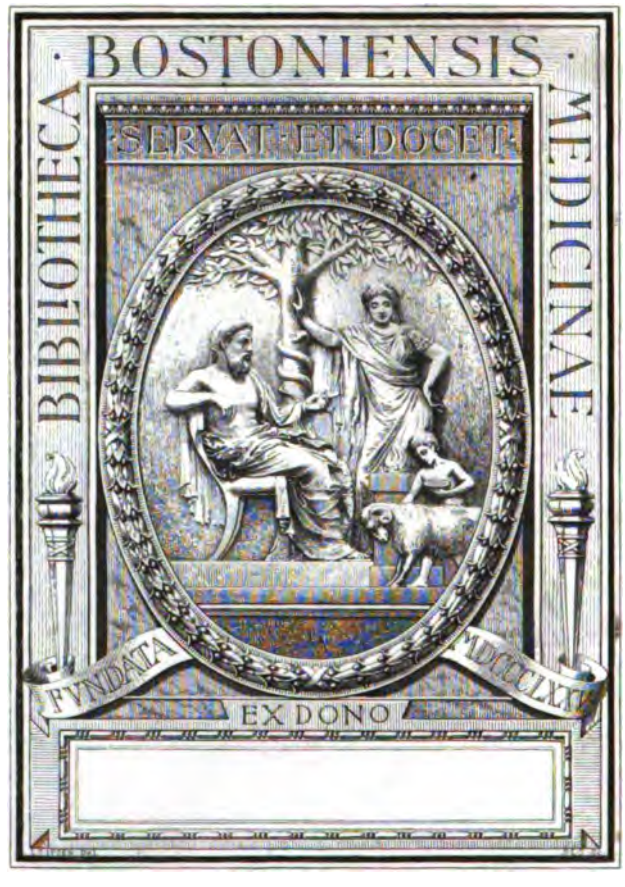
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`


BIBLIOTHECA · BOSTONIENSIS · MEDICINAE
SERVAT ET DOCET
FVNDATA MDCCLXX
EX DONO

THE WOMAN'S MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE and SURGERY.

EDITORIAL STAFF.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor.

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D.....Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D.....Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D.....Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D.....Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D.....Indianapolis, Ind.

Julia A. Carpenter, M. D.....Cincinnati, O.

Susanna Boyle, M. D., C. M.....Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

Volume VII—January to December—1897.

TOLEDO, OHIO:

The Recorder Publishing Company,

PUBLISHERS.

BOSTON MEDICAL LIBRARY. MAY 3 1905

CATALOGUED MAY 3 1905 E. H. B.

INDEX TO VOLUME ~~SEVEN~~.

1897

* * * *

ORIGINAL.

Acute Miliary Tuberculosis, by E. M. Roys Gavitt, M. D., Toledo, Ohio.. 323
Asepsis in Daily Life, by Julia W. Carpenter, M. D., Cincinnati, O.... 327
Bacteria in Milk, Notes upon, by Maude J. Frye..... 3
Bicycling for Women..... 121
Bicycle for Women, not for Children, by Kate C. Mead, M. D., Middleton, Conn..... 599
Cigarette Smoking, the effects of..... 95
Constipation in Young Children, by Edith A. H. Fyffe, M. D., Chicago 111
Case of Defect in Ventricular Septum etc., by Josephine E. Young, M. D., Chicago, Ill..... 271
Congenital Gangrene, Case of Symmetrical, by Henrietta A. Stoeffregen, St. Louis, Mo..... 365
Curette, Use of in Endometritis, Lillian G. Towslee, M. D., Cleveland, Ohio..... 361
Ergot in Obstetrical Practice, the uses and abuses of, by Harriet Garrison M. D..... 29
Encysted Dropsy of the Peritoneum, etc., by Claribel Cone, M. D, Baltimore, Md..... 179
Glandular Fever, Report of case, by Charlotte C. West, M. D,, Phila... 372
Kidney, Floating, by Sarah Post, M. D., Brooklyn, N. Y..... 364
Mental and Physical Culture, by S Belle Craver, M. D..... 13
Medico Legal Points in the Maybrick Case, by Harriette C. Keatinge, M. D., Sci. D..... 61
Medical Reforms, by Elizabeth Campbell, M. D., Cincinnati, O..... 140
Menapause, by Mary A. Whery, M. D., Fort Wayne, Ind..... 129
Malarial Fever, by Frances Cantrell, M. D., Evansville, Ind..... 168
Mentally Deficient Epileptic Child, Some observations on the Training, by Elizabeth D. Holt, M. D..... 216
Melancholia, Treatment of with Opium, by Lillian J. Nuckolls, Jacksonville, Ill..... 274
Moscow Meeting, General Resume, by Lucy Waite, M. D., Chicago, Ill
Medicine and Surgery in China, Practice of, by Elizabeth Griselle, M. D., Salem, Ohio..... 329
Morbid Conditions Complicating the Menopause, Ida C. Barnes, A. B. M. D., Topeka, Kan..... 341
Nasal Obstruction in New-born, Case of, Eliza H. Root, M. D. Chicago.. 374
Prompt Measures, Report of a Case of Membranous Croup, by Lillian Towslee, M. D..... 1
Puerperal Eclampsia, Some suggestions..... 32
Pessary Worn Over Thirty Years, by Rose Willard, M. D., Chicago, Ill. 165
Pelvic Diseases, The Electrical Treatment of, by Louise C. Druillard, M. D..... 211
Skin Grafting, Case reported of..... 77
Sensible Remarks, Some, by Maud J. Frye, M. D., Buffalo, N. Y..... 283
Summer Diarrhœas in Children, by Jane L. Hersom, M. D. Portland, Maine..... 276
Suitable Preparation of Iron in Anemia, Difficulty in Securing, by Lillian J. Towslee, M. D., Cleve., O.. 297
Where Creosote Succeeds, by E. M. R. Gavitt, M. D., Toledo, Ohio..... 337

EDITORIAL.

Christmas, Merry..... 370
Correspondence..... 11
Growth, A matter of..... 35
Gynecology, Department of..... 7
Hummel, Dr. A. L..... 370
Interne, A Woman..... 37
Milk Can, The Omnipresent..... 176
Ninety Seven, What Bringeth it..... 8
Osteopathic Friends, Our..... 305
Public Appointments Abroad..... 36
Present Conditions..... 67
Power of Advertising..... 308
Queer one sided Rule..... 102
Susanna Boyle, M D., C. M..... 175
Success, Path to..... 307
Typhoid, Blood Serum test for..... 9
Trinity of Relations..... 177
Time, Take plenty of..... 251
Theoretically and Practically..... 308
Thankful in Words..... 335
The Closing of the Year..... 369
Woman's Work, Concerning..... 103

What is required..... 139
Women at the Bar of Judgment..... 219
What Ten Years Have Done..... 280

MISCELLANY.

Acute Mania, Bromidia in..... 28
An Infants Dietary..... 81
Annoyance, A Fruitful Source of..... 94
Army Surgeon, Woman..... 80
Acquitted, Dr. Carrie Johnson..... 99
Alteratives, Some Ideas on..... 122
Alexander's Operation..... 199
Administration of Iron, After Gynaecological Operation, Results from.. 291
Bits of News..... 48
Brain Workers, Nuts and fruits for.... 115
Choria in a Child..... 94
Cancer in N. South Wales..... 109
Catarrh, Cleanliness in..... 126
Cycling vs. Morphine..... 117
Cancer of the Rectum..... 340
Death After Floodihg..... 117
Decalogue, The Hamilton..... 106
Dangerous, Spurious Imitations..... 236
Duodenum and Rectum, Congenital Occlusion of..... 339
English, The Chivalric..... 239
Epilepsy..... 263
Fruit as Food..... 116
Fresh Air for Children, by Edith A. H. Fyffe, M. D., Chicago Ill..... 149
Female Plaintiff, Who may Attend Examinatlon of..... 250
Gold Solutions, Two Years Experience in..... 50 90
Gonorrhea, Its Ravages and Cure..... 153
Gynecology, Uterine Sound, Its Use and Abuse, by M. Rosenwasser, M. D., Cleveland, O..... 255
Gynecology, Report of a Case of Albuminuria, Etc..... 287
Gynecology, Electrode, with Static Machine, by Lucy Hall Brown, M. D., Brooklyn, N. Y..... 311
Hu King Eng, Graduate of an American College..... 344
Inversio Uteri..... 109
In Gastric Intestinal Disorders..... 206
Indigestion, Digestion, Assimilation. 233
Infant Food..... 226
Indorsement, A Qualified..... 252
Kidney, Abscess of..... 68
Labor, Quinine in..... 251
Liberal Sucess, Deserves..... 253
Medical Charity, Drift of, by Helen Murphy, M. D..... 74
Milk, Maternalization of..... 116
Medical Licenses, Reciprocity of..... 237
Mississippi Valley Medical Association..... 286
Miscellany, Dr. Hamilton Converts the Ameer..... 319
Neurotic Conditions, Value of Apiolin in..... 234
Ovaries, Tuberculosis of..... 110
Orphol, Therapeutic Action of..... 208
Orrhotherapy in Ulcerative Endocarditis.....
Pasteur Monument, Plan for..... 40
Plague, The Bubonic..... 24
Profession, To the Members of..... 99
Program, A Choice..... 163
Personal..... 132
Pediatrics, Department of..... 224
Pediatrics. Tonic, An All Round, by Edith A. H. Fyffe, M. D..... 261
Three Cases reported by Caroline P. Alexander, M. D., Persis White, M. D., and Alice Lindsay, M. D.... 261
Pure Water Supply, What constitutes 263
Pediatrics, Modified Milk..... 298
Prolapsus Ani in Children..... 339
Professor Virchow Thanked..... 346
Rectum, Surgery of..... 339
Skin Grafting, Report of Cases, Maria J. Mergler, M. D..... 77
Strangulated Hernia, Treatment of... 124
Syphilis and Sexual Neurasthenia... 203
Supplied Blood in Extremes..... 206
Surgery, Department of..... 222
Things in general..... 229
Thank you..... 253
Training Schools for Nurses for Insane..... 302
Veils, The wearing of..... 26
Wisdom, Words of Ex-president Clevelands address..... 98
Women Medical Students in Paris... 139
Women Students at Zurich University..... 303

BOOKS.

American Nobility, Pierre De Coulevan..... 383
An Oldfield School Girl, Marion Harland..... 384
About Children, by S. W. Kelley, M. D..... 357
Browning Courtship, etc., by Eliza Orne White..... 355
Buff and Blue, by George B. Rodney 348
Book Reviews..... 50 120 230 264
Barbara; Lady's Maid and Peeress, Mrs. Alexander..... 385
Bird Neighbors, Neltje Blanchan..... 378
Bunker Hill Failure, Anna F. Burnham..... 384
Child-world, Jas. Whitcomb Riley... 385
Chimes from a Jester's Bells, Robert Burdette..... 386
College Training for Women, Kate H. Claghorn..... 382
Colonial Dame, A, Laura Day Fessenden..... 386

INDEX.

Common Sense Christianity, Alonzo H. Quint, D. D. 384
Chicago's Great Ditch 359
Choice Books, Five, from T. B. Mosher 355
Coming Books 358
Diseases of Women, Manuel of, by Bland Sutton, F. R. C. S. 357
Dreams in Homespun, by Sam Walter Foss 351
English Words, A Study of, by Jessie M. Anderson 350
Flint, His Faults, etc., by Maud W. Goodwin 349
French Critics, Group of, Mary Fisher 380
Ghosts, Hours with, by H. R. Evans 350
Happy Six, by Penn Shirely 352
Her Place in the World, by Amanda Douglass 353
His Grace of Osmonde, Frances Hodgson Burnett 383
Helpful Thoughts for Quiet Homes, Sarah I. Day 379
Home, How to Bnild, F. C. Moore... 389
Indian Tents, Abby L. Alger 381
Jesus Christ, Story of, Elizabeth Stuart Phelps 377
Jupiter Jingles, by Annetta Crafts... 351
Little Masterpseces, Poe, Hawthorne Irving 379
Men in Epigram, J. W. Morton 381
Pessimist in Spain, With a, Mary F. Nixon 381
Mastery of Books, by Harry Koopman 350
Other People's Houses 358
Plymouth Rock, by Col. Samuel Adams Drake 353
Queer Janet, by Grace LeBaron 352
Revolt of a daughter, by Ellen Olney Kirk 354
Romance and Reality of Puritan Coast by E. H. Garret 348
Story of an untold Love, by Paul Leicester Ford 355
Seven on the Highway, Blanche Willis Howard 376
Stories and Sketches for the Young, Harriet Beecher Stowe 378
Sub-conscious Self, Louis Waldstein M. D. 383
What is Worth While, Anna Robertson Brown 383
Why go to College, Alice Freeman Palmer 382
Yermah, by Frona Eunice Wait 356

The Woman's Medical Journal.

VOL. VI. JANUARY, 1897. No. 1.

ORIGINAL

PROMPT MEASURES.

Report of a Case of Membranus Croup.

by Lillian Towslee, M. D., Cleveland, Ohio.

I wish to report a case of membranous croup occurring in my practice recently. I was called to see Arthur N——, age six years. A strong, robust boy of healthy parentage. The only illness the child has had was catarrhal pneumonia sequela of measles in May, '95. Child was very sick, but recovery was good. When I saw the boy first on Monday, October 26, '96, he was sitting up in bed. His mother said he had a "sore throat." On examination I found enlarged glands and white patches on tonsils and pharynx. Temperature, 99.4°, but he did not appear sick. I was suspicious of diphtheria, so I isolated my little patient, prescribed a laxative, bichloride and an antiseptic spray. I called the next morning and found child slightly improved, no rise in temperature, but patches on throat still present. After making two more calls within the next five days, as patches were gone and temperature normal, I told the mother to keep child in bed a few days. I was hastily summoned on the evening of the twelfth day after the child was first seen. On arrival I found the boy suffering from membraneous croup; he was already cyanotic, face anxious and drawn, pulse feeble and ir-

regular, skin hot with clammy perspiration. The seat of respiration transferred from the thorax to the trachea and larynx —the so-called shallow breathing. The attendant had given syrup ipecac 6 drams, which had helped depress the heart. I gave a stimulant and at once sent for an intubation man, who arrived in less than an hour. He had not been in the house three minutes before the child ceased breathing, but we decided to intubate, which was hastily done, although the parents were told it would probably not do any good, as the child was as "good as dead." After introduction of tube his color changed instantly, he coughed up a little mucus and expelled the tube, which was reintroduced with success. The child began to breathe, opened his eyes, pulse improved. He was at once placed in an inclined posture, about forty-five degrees., and given brandy and water. We watched the case for about two hours and left orders for the night, which consisted of slacking lime, temperature of the room 80° F. A tent was not used, as the room was small. Heart stimulants and bichloride, with patient in inclined plane while taking nourishment and medicine to prevent fluids from going down the tube. The patient gained slowly, and in four and one-half days the specialist, after several efforts, removed the tube, which was badly corroded from the bichloride, the child bringing up large quantities of mucus. The difficulty in removing the tube was attributed to a paralytic condition of the trachea, the tube having sunken low down. The patient was exhausted for several hours, after which he began to gain steadily until the eighth day, when his urine became scant, only passing four ounces in twenty-four hours. On examination I found ten per cent. albumen. Ordered diuretics, diaphoretics and laxatives. The following sixty hours I administered four hundred and eighty grains of potass. acet., the largest doses I have ever given a child six years of age, and strych. sulph. gr. 1-60 every three hours with tr. ferri. chloride. The child made an uninterrupted recovery, so he was dismissed on the twenty-second day after the tube was introduced. If bacterialogical examination had been made it would probably have revealed a mixed infection. I had four cases in the same yard which any other season I would have considered tonsilitis, but as the infection seemed to spread I placarded the houses, but did not feel it was necessary except to prevent possible contagion.

The special points of interest were:

First—The severity of the attack with slight elevation of temperature—never exceeding 100° F.

Second—The patches on the throat and glandular enlargement had entirely disappeared before the grave symptoms arose.

Third—The heroic doses used considering the age of the child.

Fourth—The importance of prompt action in these cases as a means of saving lives from this dreaded disease.

I am greatly indebted to Dr. Samuel W. Kelley for the quick and able manner in which he performed the intubation.

554 E. Prospect Street.

NOTES UPON THE ESTIMATION OF THE NUMBER BACTERIA IN MILK.[1]

By Maud J. Frye, M. D., Buffalo.

Clinical Instructor in diseases of Children, University of Buffalo; Visiting Physician to the Erie County Hospital, Children's Ward.

The examinations of milk which this paper reports were undertaken on account of the writer's interest in paediatrics, the object in doing the work being to learn, so far as such a bacteriological test would teach, the fitness of milk from various sources for infant feeding. The facilities of the pathological laboratory of the University of Buffalo were at the experimenter's disposal, and the work was done under the direction of Dr. Herbert U. Williams.

The method used for counting bacteria in milk was as follows: To a test tube containing a definite quantity of sterile water, say 50 c.c., 0.5 c.c. of milk was added and the contents of the tube thoroughly shaken. One cubic centimetre of this mixture, containing 0.01 c.c. of milk, by means of a sterile pipette was added to a test tube containing liquefied sterile nutrient gelatin or agar. This tube was then whirled or agitated until the gelatin and diluted milk were thoroughly mixed. The contents of the tube were then poured into a sterile Petri plate. These plates, whether gelatin or agar was used, were kept at the room temperature. At the end of forty-eight hours in summer, after seventy-two or more in winter, the colonies were counted. The apparatus used for this was devised in the labora-

1 Read before the Buffalo Academy of Medicine, June 16, 1896.

tory. The Petri dish was placed over a piece of glass, the under surface of which was painted black, the upper surface ruled in square centimetres. Then with the aid of a small magnifying glass, which in this case was an ordinary engraver's lens, the colonies were counted. If not many were present the entire surface was gone over; if the number was great, ten alternate squares were counted and the number on the plate estimated from the area of the dish. The number of colonies represented approximately the number of bacteria in 0.01 c.c of milk. At the time of making the culture two control plates, one of the water used in diluting, one of the medium, were made. So long as these remained sterile whatever grew on the milk plates necessarily had its origin in the milk.

The dilution of milk is necessary for two reasons: First, to add to the gelatin even 0.5 c.c. of milk would make a mixture so opaque that the little grayish or creamy white colonies would be indiscernible. Second, even in the best milk the number of bacteria in 0.5 c.c. is so great that it would be almost impossible to count them. Indeed it is only the best milk that requires so little dilution. At this time of the year (June) for grocery milk a second dilution is done and cultures are made from a mixture of which 1 c.c. contains approximately 0.0001 c.c. of milk. Of course so much dilution increases materially the chance for error.

Gelatin was used as a culture medium until the weather became so warm that it liquefied at the room temperature, when agar was substituted. Either medium has its disadvantages. The rapid development of liquefying organisms in gelatin soon renders counting impossible. No less an objection is the cloudiness which certain bacteria produce in agar. In which medium the greater number of colonies develop was not determined. One experiment showed about the same number in each.

The influence of temperature on the number of bacteria in milk is noticed in comparing the results of examinations of the same milk supply made last winter and this spring and summer.

A point of some interest is that all bacteria do not develop with equal rapidity. There will be a considerable increase beyond the number found on the usual day of counting.

Certified milk plated February 6th on February 11th showed 88 colonies, on the 13th, 139.

Grocery milk plated March 21st showed on the 23d 246 colonies: on the 24th, 369.

Sterilized milk (from dairy) plated April 2d gave 8 colonies on the 7th; 10 on the 11th No further increase was found, though the culture was kept one month.

Creche milk plated May 13th showed on the 16th 84 colonies: on the 18th, 158.

Certified milk plated May 9th showed on the 12th 255: on the 14th, 323. The same plated May 16th gave on the 18th, 350; on the 19th, 480. The same in agar June 10th showed on the 12th, 44; on the 13th, 58.

It is well known that milk is a medium in which bacteria multiply with great rapidity. Indeed the enormous numbers found in milk depend probably not so much on the extent of the original contamination as upon the length of time and the conditions under which the milk has been kept. But one experiment illustrating this has been done. Certified milk of that day's milking was brought to the laboratory and directly plated. Two days later the plates showed 57,600 bacteria to the cubic centimetres. The milk was left in laboratory, covered as it is sold, for four hours, the room temperature being from 68° to 72° F. A second plate was then made which at the end of forty-eight hours showed 747,200 per c.c.

The examinations of which records have been kept give the following results:

TABLE I.—MILK AS DELIVERED TO THE CONSUMER.

1. December 28, 1895, bottled milk.....	400,000 to c.c.	
2. January 28, 1896, sold by measure.....	590,000	
3. May 27th, sold by measure.....	24,613,900	
4. May 29th (same as No. 3).....	9,820,000	Many moulds.
5. May 30th, brought from dairy.....	9,963,000	
6. May 31st, bottled milk.....	796,800	
7. June 3d (same as No. 1 and No. 8).....	48,000	
8. June 11th (same as No. 1 and No. 7)....	6,630,000	
9. June 11th, brought from dairy.....	43,600,000	

The conditions under which cultures 3 and 4 were made were not fair, as the milk had stood some time in the laboratory before being plated. They merely illustrate the possibilities of milk as a culture medium. In all other cases the milk, which was brought to the laboratory in sterile bottles, or in the bottles in which it was delivered to the consumer, was immediately plated. The specimens brought from dairies were in both cases got in the afternoon. Morning cultures would show fewer colonies, yet the milk is bought even for little children in the afternoon.

TABLE II.—GROCERY MILK.

1. January 26th.....	25,000 to c.c.	
2. March 23d.....	246,000	
3. May 25th.....	2,619,000	
4. May 29 th (culture at 4 p. m.).....	25,090,000	Moulds.
5. June 10th (same as No. 1).....	1,220,000	
6. June 11th (culture at 11 a. m.; sameas No. 4).....	7,390,000	

The milk sold at the grocery which supplied the material for cultures 1 and 5 is received each morning from the country. The first culture was made during extremely cold weather, and probably does not represent the average condition of that milk in winter. Grocery milk compares very favorably with that from other sources.

Table III gives the results of examinations of "certified milk." This milk comes from a dairy located some distance out of Buffalo, the manager of which endeavors to supply clean and wholesome milk. The tables are kept scrupulously clean; the cows, all of which have been submitted to the tuberculin test, are daily groomed; the food and water supply of the cattle receive careful attention; the milkers are required to be clean, and the pails, bottles, etc., are bacteriologically clean. The milk is shipped and delivered packed in ice. The name "certified" is given to the milk from the fact that a committee of physicians certify to their knowledge of its condition, a bacteriological examination being made semi-monthly by Dr. Herbert M. Hill to determine how nearly clean the milk is kept.

TABLE III.—CERTIFIED MILK.

1. January 20th	13,000	to c.c.
2. February 11th	10,000	
3. May 12th	25,900	
4. May 18th	35,000	
5. June 2d	132,720	
6. June 10th	4,400	
7. June 15th	57,600	

A culture made by Dr. Hill of the same milk on May 18th, a different medium being used, gave 26,000, which we regard as a confirmation of our results.

Some points which may be noted are these:

Certified milk contains comparatively few liquefying organisms, cultures occasionally showing none at all. The hay bacillus and the potato bacillus, both of liquefying organisms common to milk, and both by some accused of an active part in certain digestive troubles of infancy, may be said to be present in this milk in small numbers if at all.

No count is anything more than approximately correct. All estimates probably fall far short of the actual number of bacteria present.

Counts, to be of value in comparing the purity of various kinds of milk, must be made under identical conditions as regards medium, temperature of room, and time of counting.

This work was begun with but little faith in its value, but as it went on the conviction grew that by ascertaining the number of bacteria in a given quantity of milk we had a valuable test as to its fitness for food; the original amount of contamination, the length of time the milk has been kept, and the conditions of temperature and cleanliness determining the luxuriance of bacterial growth.

Pathological Laboratory, University of Buffalo.

8701

BOSTON MEDICAL LIBRARY. MAY 3 1905

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to THE WOMAN'S MEDICAL JOURNAL should be addressed to the Managing Editor, Woman's Medical Journal, Toledo, O.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations furnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in THE WOMAN'S MEDICAL JOURNAL will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and Publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent, as to number desired. Seventy-five will be furnished gratis to those desiring them.

EDITORIAL

Department of Gynecology.

We take pleasure in announcing to our friends that Dr. Lillian Towslee, of Cleveland, Ohio, will with the February issue assume charge of a gynecological department in this journal. That it will be a success all who are fortunate enough to

know of Dr. Towlsee and her work are sure, for she has been one of the successes in her profession in a city which has set a high standing in the profession.

All books pertaining to this department will be reviewed by Dr. Towslee and all exchanges of this nature will be forwarded to her.

What Bringeth Ninety-Seven?

No year has been anticipated more anxiously than has this year of grace 1897. Following upon an election that made a national issue of the finances of the people, it is not strange that all eyes have been turned toward the new year with a feeling of hope.

The faith in the coming prosperity may not be as strong as it was in November immediately after the election, but it is still alive and every one is hoping for better times—for better things.

The nation is watching Congress with intense keenness, and is of a frame of mind that will not be trifled with. We were told certain things, and we, or the majority of us, believed them, and woe to the party that disappoints us in this extremity.

But to the outlook. There are signs that better conditions will prevail. The prices of farm products are low, but they are in the ascending scale and will no doubt feel the inspiration of the rise of wheat and corn. This affects us professionally, because as the people succeed, so do we. Their good fortune is our good fortune; their troubles our troubles; their hope our salvation.

So in 1897 we shall all see better days and happier conditions, in all of which The Woman's Medical Journal expects to be a partaker, standing as we do for the women of the profession. We tender you all a Happy, Prosperous New Year.

Blood Serum Test for Typhoid.

We know of no one subject which has produced the medical literature, piled like Pelion on Ossa, as typhoid fever—and to-day there is much to be learned and more to be unlearned about this disease. Louis in 1837 was the first to make out typhoid fever a separate and distinct disease. Through one of his pupils, Gerhard of Philadelphia, the distinction between typhoid and typhus fever was clearly pointed out. Since Gerhard's time medical controversy has largely been waged on the treatment of typhoid fever, assuming that the diagnosis was a matter of small moment. Every known drug in the pharmacopoeia has been used and recommended as efficacious. The test of time and experience have condemned all, and justly so. A new era was brought about when the bacillus of Eberth was made known a few years ago. It became necessary to revise the whole literature of the subject. Guesswork must give way to exactitude, and no diagnosis could be assured unless the bacillus was found. This made it practically impossible to reach a diagnosis. For ten days or two weeks after the onset of the disease the bacillus could not be found in the dejecta. When it was found it was very, very difficult to distinguish between the typhoid and colon bacillus. For practical purposes the profession at large were left to make their guesswork diagnosis as they had been doing for a half century. This resulted in numerous and a constantly increasing ratio of physicians who diagnosed typhoid fever, treated their cases with certain drugs, and upon their recovery proclaimed to the world a certain specific for the treatment of this dread disease. These specifics are numerous and widespread as the disease itself. Some reasoned because the disease was produced by a germ, ergo, an antiseptic will kill the germ and cure the disease; others, since the disease has its origin in the intestinal canal, an elimination of the intestinal contents will sweep the germs out—hence we have the eliminative treatment. Again, others have reasoned that there was no known drug which would eliminate, antisepticise or cut short the source of a case of typhoid, and it must and will run

its course regardless of all treatment. So the contending factions have waged relentless warfare against one another. The literature on the subject has grown to unwieldly proportions, and as it was previous to the discovery of the bacillus of Eberth, so it is getting now. But as the discovery of Eberth rendered most of the literature up to that time obsolete, so we feel that a recent discovery of the blood serum test for typhoid fever will render a very large portion of medical literature on that subject worthless. We refer to Widial's test. For three-quarters of a century we have been without an absolute diagnosis for typhoid fever. Any physician could assume a case to be typhoid fever and treat it as such without ever being positive in his own mind that he was treating typhoid or something else. The discovery made by Widal (la Lemaine Medicale, June 26, 1896) seems to us to be one of the valuable discoveries of the past year. The prevalence of typhoid fever is almost universal, and if the physician will only equip himself with a microscope and intelligently make the blood serum test in all cases suspected, we feel sure and safe in saying we have heard the last of cases of typhoid fever aborted by this or that drug.

But we feel that there is more and better results to come from this discovery of Widal than relegating so much typhoid literature to oblivion. We know absolutely that we have a case of typhoid fever to deal with. Any physician who reports a case of typhoid fever without Widal's blood serum test will neither command attention nor receive respect from his brethren in the profession. The test is simple, easily acquired and, so far, has been proved absolutely accurate. The health boards of Boston, New York and Philadelphia have taken up the subject, requesting all physicians to leave slides containing a few drops of dried blood with the druggists where they would be taken up by the board of health, examined and reported directly to the physician who furnished the specimen whether he had a case of typhoid fever to deal with or not. It is interesting to note here that Dr. Wyeth Johnson of Montreal, in making this test for typhoid received six speciments of dried blood and knew nothing regarding them. He found on making the test that three gave

the characteristic reaction and three did not. Dr. Dysart of Chicago has investigated about 175 cases. In 89 of these he found positive reaction, and these 89 cases were undoubted typhoid. Erlich's liazo-reaction test is another of the very accurate methods of making a diagnosis, and in the absence of microscope and bouillon culture we would suggest this as an excellent substitute for the former. If we can rest assured of a positive diagnosis of the typhoid condition we are still very much at sea in regard to treatment. No treatment has so far been satisfactory. It remains for the future to give a rational scientific treatment for this plague of nations.

Some Correspondence.

WE STAND CORRECTED.

December 7th, 1896.

Editor Woman's Medical Journal, Toledo, Ohio:

Dear Doctor: Under the head of "Gossip," in the December number of the Journal, the statement is made that Dr. Louisa D. Holmes is "the first woman physician licensed in Georgia." Now, like most "gossip," this lacks very largely in truth. Dr. Holmes is not even the first woman licensed under the new law. Dr. Ida Rodgers took a license two years ago, but only remained here a short time. Dr. Katherine Collins has been here three years—came before the new law was passd—but was licensed under the former law. I myself came here thirteen (13) years ago last fall, took out my "license" and have been practicing here ever since. Please make these corrections. It is only due to us who are here and have been for so long, and oblige,

Yours truly,

SUSAN MARY HICKS.

A BUSY WOMAN.

In a recent issue of The Medical Record we find the following letter, which explains itself. She says:

Sir: In your issue of October 17th, received here by me yesterday, you copy a paragraph from The Hospital, stating that the "sultan of Turkey has forbidden women physicians to attend upon his subjects." Dr. Grace Kimball, who has been a physician four, not fourteen years, at Van, to whom you refer, returned to America to take the post of physician in a woman's college in the East.

It is exactly three years ago to-day since I received from the Imperial Council of Medicine at Constantinople a diploma authorizing me to practise in all parts of the Turkish empire—this after presentation of my American diplomas and taking the usual "colloquium" examination required from all foreign applicants. Ever since I have travelled in many parts of the empire, never being required to show this diploma, nor even being asked for my tezkere, or passport, by any official except upon landing at seaport cities. I have been able to render aid to every grade of the official families, and have from every class in the empire received only courtesy, appreciation, and gratitude. That I am the only woman who has the right to practise in the empire is true, but throughout this country many others without molestation are rendering valuable services in caring for the sick and suffering.

The opportunities afforded are unlimited — skin diseases among the Bedouin Arabs, malarial fever in the valley of the Jordan, leprosy in certain villages, and every variety of diseases of the eye in every place. On one tour lasting three weeks I saw twenty-three cataract patients; at a place where I remained a few days patients flocked from nineteen villages, and I had nineteen strabismus operations. I remain in each place from three to seven weeks, according to the needs of the place and the number of operations to be performed. I take a full supply of medical and surgical appliances with me, and two Syrian assistants share my labors. MARY PIERSON EDDY.

American Presbyterian Mission, Sidon, Syria.

MENTAL AND PHYSICAL CULTURE.

By S. Belle Craver, M. D., Toledo, O.

To the average city man or woman of sedentary occupation, Physical Culture is of quite as much consequence as it is to the school-child or college student. It must be understood that the object of exercise—as here intended—is not to develop athlete, or phenomenally strong men, but to encourage and maintain the highest and most equable development of the body. That all may have to a certain and sufficient extent the control of their own physical system, will scarcely be denied. For it is on this fact that human actions and human responsibilities are based.

The acknowledgment of this evidently throws the responsibility for one's health, efficiency and happiness upon his own shoulders, where every one should feel that it belongs. There are not in nature nicer or wiser adaptations of means to ends than are exhibited in the arrangements of the humane system for the maintenance in perfect order and health of its functions. The moral and intellectual nature of man has ever been regarded as proper subjects for training and development in order to secure their due healthful exercise. The physical system is manifestly a subject for corresponding attention.

That physical culture should claim the precedence would seem to be indicated by the fact that the physical is prior in the order of development, not only as respects the individual who is through the physical fitted for his destiny as an intellectual being, but also in the unfolding of the powers of the race. There is in every community a class of persons who might be called half invalids, persons who do not possess a satisfactory amount of health. Such persons feel that they are forewarned of disease, and would gladly attempt to avert it, could they obtain such directions for doing so as would meet the approbation of their reason or instinctive sense of physiological propriety. For this class of persons, if they can be prevailed upon to take some easily performed exercise the latent powers they possess are developed into activity and harmony and they soon rejoice in health, while the neglect or continued misdirection of these

would eventually have degenerated into grave and perhaps fatal disease. Besides these there are many whose avocations are sedentary, yet such as require the continued and often severe employment of a part of their muscles. This tends to an undue and disproportionate activity of some parts of the body to the detriment of others. Such avocations constitute, in many constitutions, a potent cause of ill health, but the ill effect of them can in general be counteracted by a recourse to such means as either passive or active exercise. When a person is unable to take the latter, passive exercise as given by a trained nurse and by which every part of the body may be exercised, thus insuring health and vigor to persons even though far advanced in life. Persons in whom the nervous system is unduly developed, or whose tastes or necessities lead them to employ the nervous department of their being chiefly, may, if they choose to learn how, counteract any disproportionate nervous wear, and by attending to its cultivation maintain their physical vigor. As a necessary element in the education of the young, physical culture should hold a place co-ordinate with that of the intellect. It should be a part of all school training. The Greeks made the physical education of their children of both sexes an affair of state. It was done at the public expense. In this way they became the type of the human race in its best characteristics. Simply to hope that our boys and girls may grow up strong and vigorous, with our present system of mental cramming, cannot with safety be left to chance.

Those who have taken properly arranged exercise from their earliest youth, may still need many graces, but they will probably possess the peculiar grace which belongs to a symmetrical body. Of all animals, man is the most subject to variations in proportions and symmetry. In some children the body develops unevenly; one side appears to be larger than the other, one limb may be longer than its fellow, one side of the thorax may be of greater circumference than the other. Such deviations, which in no sense constitute deformity, a well directed system of physical training may correct. I have the opportunity daily of watching the stream of men, boys and girls which pours out at the close of the day from one of our city factories, and the question may well be asked, Are these superior to the higher type of savages, who are almost perfect in form? There is evidence of deterioration among the poorer inhabitants of great cities, but among the more favored classes it would ap-

pear no change has taken place which indicates a distinct downward tendency. The prevalent amount of disease among both women and girls is not a sacred birthright derived from the providential constitution of things, but that it is acquired and follows as the necessary consequences of the inharmonious action of the organism imposed by the neglect of physical culture. It is thus that the chloroses, the nervousness, the dyspepsias, the deformity of spine and chest, and divers other afflictions so common among females, are fully accounted for. American women would do well to emulate their English sisters regarding outdoor exericse. For it is said of them, they never omit their daily walk, long sheds being provided to protect in part, when the weather was inclement.

Of artificial means of attaining physical perfection, there are none. Every structure and tissue must be exercised, and this applies as well to the ciliary muscle of the eye as it does to the great flexors of the leg. If the intellect is to be cultivated, the brain must be exercised. To learn how to rightly exercise every part and organ of the body, and to effect this without undue effort or injurious strain, is to discover the elixir of life. Thus far I have spoken of the general effects of exercise both mental and physical. I will mention a few of the specific exercises.

At one time I had the privilege of using a gymnasium that was in close proximity to my office, and when patients who were needing some kind of exercise more than they needed medicine applied to me, I prescribed gymnastics with apparatus, indiscriminately; but I soon discovered my mistake. Gymnastics with apparatus was just the exercise for idle persons whose brain langiushed for want of work, because the effort of will and the work of co-ordination which these exercises demanded, gave a salutary stimulus to the torpid cerebral cells. But for a pupil overworked at school, for a person whose nerve centers are congested owing to persistent mental effort in preparing for an examination, or otherwise, for such nothing, perhaps, was better than a brisk walk for the adult, and outdoor games for the youth. A certain school teacher tried a very interesting experiment. He was not satisfied with the general progress made by the boys of his school, and he provided for them a large garden. The school was then divided into two sections, one of which was kept to the ordinary school work for the ordinary hours, the other for half of these hours only, the rest of

the school time being devoted to work in the garden. At the end of the term the half-time or gardening boys, had excelled the others in every respect, in conduct, in diligence, and in the results of study. Thus proving that there must be a proper distribution of mental and physical work. An excessive and absorbing indulgence in physical exercises is undoubtedly bad, as it affords neither time, opportunity nor suitable conditions for the development of his brain. Still, on the other hand, in these days of cramming and intense competition, many a successful man has to thank Providence for the late recognized blessings of an idle youth. As a teacher in the public schools for some years, I had the opportunity of noting the effects of different forms of exercise. First—Walking, the most simple, easy and most valuable mode of taking exercise, suited for individuals of all ages and of all states of development. It is the main exercise of the quite young child, a prominent feature in the training of the athlete, and usually the only form of exercise indulged in by the aged. It is a mode of exercise which requires neither apparatus nor special locality; and there can be but few so engaged as not to be able to indulge inthis simple means of keeping the body in health.

Running seems to be the exercise for children; they appear to be the subjects of an irresistible impulse to run—an impulse that should never be checked, as this exercise employs the muscles of nearly the whole of the body, and, by increasing the rate and depth of the respirations is an admirable element in developing the chest. Skipping as an exercise for the young, and considering its simplicity, is one of the most perfect forms of exercise, especially for girls. It especially tends to strengthen the ankles and knees and the arches of the foot. It is an admirable exercise for children with weak backs. Skating is an exercise that should be encouraged. It brings into play a greater variety of muscles than walking, and, like walking, it is an exercise adapted for persons of almost all ages, and is particularly suited to women, as it comes at a time when the want of exercise in the open air is probably telling upon the health and spirits. It is certainly a fine antidote for nervousness. Our Canadian sisters, as well as the men, are adepts in the exercise of skating, coasting and many other winter sports.

I am not a cyclist, hence I cannot speak from experience concerning this form of exercise, but upon inquiry of a number who do use the bicycle, they are enthusiastic in claiming grand

results in its use. It is quite impossible to attempt to give any account of the particular value each of the many outdoor games may possess in relation to physical education. In the race of life, man needs all his faculties and gifts, and they can not be too highly trained. His whole intellectual, moral and physical nature should be disciplined to the highest possible degree. If a child comes into the world with a defective physical organization teach the mothers how to remedy it by wise hygienic living. Correct living and intelligent physical training will eliminate many of the tendencies to ill health which we bring into the world with us.

REPORT OF THE COMMITTE OF WOMEN.

Medico-Legal Society.

To the officers of the Psychological Section: Your committee to whom was referred certain duties by the action of the section in April, 1896, beg leave to submit the following report:

MEMBERSHIP SECTION.

Realizing the importance of organization and concert of action, and fully appreciating that an increase of numbers merely would not be desirable unless women who would take an interest in the work were secured, we recommend that each member of the section be requested to bring into membership at least five members selected from among those who would add to the scientific strength of the section, and who would take an interest in the studies which the section covers.

How best to increase the interest and usefulness of woman in the section and its work.

Upon this branch of our duty the summer vacation and the fact that the members have been so widely separated, has prevented any formal action or meeting of the committee.

We respectfully report progress on this part of our duty, and ask that the committee be continued for the further consideration of this topic.

Meanwhile, we ask members of the section to communicate

its course regardless of all treatment. So the contending factions have waged relentless warfare against one another. The literature on the subject has grown to unwieldly proportions, and as it was previous to the discovery of the bacillus of Eberth, so it is getting now. But as the discovery of Eberth rendered most of the literature up to that time obsolete, so we feel that a recent discovery of the blood serum test for typhoid fever will render a very large portion of medical literature on that subject worthless. We refer to Widial's test. For three-quarters of a century we have been without an absolute diagnosis for typhoid fever. Any physician could assume a case to be typhoid fever and treat it as such without ever being positive in his own mind that he was treating typhoid or something else. The discovery made by Widal (la Lemaine Medicale, June 26, 1896) seems to us to be one of the valuable discoveries of the past year. The prevalence of typhoid fever is almost universal, and if the physician will only equip himself with a microscope and intelligently make the blood serum test in all cases suspected, we feel sure and safe in saying we have heard the last of cases of typhoid fever aborted by this or that drug.

But we feel that there is more and better results to come from this discovery of Widal than relegating so much typhoid literature to oblivion. We know absolutely that we have a case of typhoid fever to deal with. Any physician who reports a case of typhoid fever without Widal's blood serum test will neither command attention nor receive respect from his brethren in the profession. The test is simple, easily acquired and, so far, has been proved absolutely accurate. The health boards of Boston, New York and Philadelphia have taken up the subject, requesting all physicians to leave slides containing a few drops of dried blood with the druggists where they would be taken up by the board of health, examined and reported directly to the physician who furnished the specimen whether he had a case of typhoid fever to deal with or not. It is interesting to note here that Dr. Wyeth Johnson of Montreal, in making this test for typhoid received six speciments of dried blood and knew nothing regarding them. He found on making the test that three gave

the characteristic reaction and three did not. Dr. Dysart of Chicago has investigated about 175 cases. In 89 of these he found positive reaction, and these 89 cases were undoubted typhoid. Erlich's liazo-reaction test is another of the very accurate methods of making a diagnosis, and in the absence of microscope and bouillon culture we would suggest this as an excellent substitute for the former. If we can rest assured of a positive diagnosis of the typhoid condition we are still very much at sea in regard to treatment. No treatment has so far been satisfactory. It remains for the future to give a rational scientific treatment for this plague of nations.

Some Correspondence.

WE STAND CORRECTED.

December 7th, 1896.

Editor Woman's Medical Journal, Toledo, Ohio:

Dear Doctor: Under the head of "Gossip," in the December number of the Journal, the statement is made that Dr. Louisa D. Holmes is "the first woman physician licensed in Georgia." Now, like most "gossip," this lacks very largely in truth. Dr. Holmes is not even the first woman licensed under the new law. Dr. Ida Rodgers took a license two years ago, but only remained here a short time. Dr. Katherine Collins has been here three years—came before the new law was passd—but was licensed under the former law. I myself came here thirteen (13) years ago last fall, took out my "license" and have been practicing here ever since. Please make these corrections. It is only due to us who are here and have been for so long, and oblige,

Yours truly,

SUSAN MARY HICKS.

THE CLINICAL SIGNIFICANCE OF THE HAND.

Dr. Arthur S. Wohlmann, of London, contributes an article on this subject to the Bristol Medico-chirurgical Journal for June, of which the following is an abstract:

The hand is so important a part of the human anatomy, it has played so large a part in the evolution of the human race, and has so largely contributed to the eventual triumph of man over his brute competitors, that it must always have a special interest for us.

The hand closely resembles the face. In each we find a large number of highly specialized small muscles in close connection with special sense organs; for what, after all, are the finger tips but special organs of touch? The remarks, then, that apply to the face apply, though perhaps with less force, to the hands. In the one case, by long custom we have learned to read the open page with some degree of ease and uncertainty; in the other, we are yet as little children stumbling over the alphabet. Perhaps after all, deep hidden in the muddy depths of charlatanism, there may be some pearl of truth in the study of palmistry! Indeed, these minuter scrutinies have already been largely utilized in criminal anthropology. The remarkable persistence of the epidermal lines of the finger tips, as pointed out by Galton, is made of everyday use in the identification of criminals, while Lombroso has written eloquently of the criminal expression shown by the hands and other parts, just as by the face, though Dr. Wohlmann thinks that most unbiased observers will allow that his enthusiasm outruns his discretion.

Nature does not bind herself down to always work according to one simple rule; a thousand influences are at work complicating the main issue, but all working to a definite conclusion, and all equally susceptible of scientific analysis. According as we look more closely into the matter, so does the element of chance as a causative factor diminish. Take the worn bones of a man who has long and incessantly toiled at the same trade; we soon come to recognize certain deformities peculiar to certain trades—ankylosis and false joints, erosions and bosses of bone, which we can readily see must necessarily have arisen as a consequence of the habitual assumption of the same position; in fact, we can often by the deformities and so-called abnormities of a skeleton determine the occupation of its erstwhile

awner, just as a comparative anatomist may perform the sensational feat of building up an animal from a single bone. In this connection the well-known "housemaid's knee," "miner's elbow," and "carpenter's hollowed sternum" will at once flash across the mind.

Arbuthnot Lane has shown how in many, if not in most cases, the changes set down to osteo-arthritis are really due to a traumatic arthritis whose mechanism can be readily worked out on physical laws, and its relation shown to the patient's occupation or to a definite traumatism.

The diagnosis between gout, rheumatism, and rheumatoid arthritis is often one of extreme difficulty; and it is here that the observation of the hands is of the very greatest utility. The hand affected by chronic rheumatism may be distorted into all sorts of curious shapes, partly to be explained by the laws already given, partly due to pressure of bony outgrowths or to changes in ligaments and atrophy of supporting muscles. The hand erstwhile in the throes of rheumatoid arthritis may exhibit much of the same lesions, due to the same forces at work, but above all, and masking all, is generally to be seen the original deformity—the characteristic swellings, once soft and impressible, now hard, calcareous, and fixed. Tubercular dactylitis may at first sight closely simulate rheumatoid disease in children; but the spindle swelling is caused by bone expansion, and is accompanied by suppuration, in both of which points it differs essentially from the latter disease. The other group, the rarer diseases, are as follows:

1. Paget's disease (osteitis deformans). The cranium and long bones are the parts usually affected; and, though the hands sometimes show changes, these are hardly diagnostic and are very rare.

2. Acromegaly (of Marie). The large size of the hands is due to the excessive development of all the tissues. There is no appreciable increase of length, only of width and thickness, earning for the hands the epithets of "battledore" and "spade-like." The wrists are about normal. The nails are somewhat flattened, small, and longitudinally striated.

3. Hypertrophic pulmonary osteo-arthropathy. The carpo-metacarpus, the hand proper, is about normal in size; but the fingers are enormously enlarged, the bulbous terminal phalanges being especially prominent. The nails are curved and triated,

reminding one of the beak of a parrot. There is great enlargement of the wrists.

4. Myxoedematous hands may at first sight be mistaken for either acromegaly or hypertrophic pulmonary osteo-arthropathy; but it will be seen that the skin of the other parts of the body is involved, and it is adherent to the deeper structures.

5. Vasomotor paralysis of the extremities. A few rare cases have been set down to this cause, and may somewhat resemble the foregoing; the presence of subcutaneous haemorrhages may clear up the diagnosis.

6. The hands may exhibit marked changes in rickets, which in rare cases may simulate some of the former diseases; but an examination of the rest of the body will generally readily afford the data for a diagnosis.

7. In leontiasis ossea (Virchow) the hands may be affected; but for diagnostic purposes the changes are unimportant.

8. Nodosities of the fingers have been noted in connection with dilation of the stomach.

The author does not pretend to have exhaustively treated even one aspect of the subject, and he has left untouched the clubbed fingers of emphysema, abnormal and extra digitation, Dupuytren's contraction, Raynaud's disease in connection with rheumatism, and all the thousand and one things that crowd to one's mind when it is allowed to rest on the subject. He hopes that this paper, which is rather of the nature of a sketch than a finished study, will tend to stimulate and systematize observation of these interesting cases.

HELEN KELLER'S ADDRESS.

The crowning event at the summer meeting of the American Association to Promote the Teaching of Speech to the Deaf (says the Philadelphia Record) was a brief oral address by Helen Keller, the famous deaf and blind girl. Clad in a girlish costume, with dark ringlets falling to her shoulders, and a bright smile illuminating her face, she took the platform to talk on the value of speech to the deaf. The fame of her accomplishments —for she is declared by her teachrs to be the brightest girl of her age, not excepting those in possession of all their senses—

had attracted a large and deeply interested audience. Without a sign of embarrassment, though to many her articulation was somewhat indistinct, she spoke as follows:

"If you knew all the joy I feel in being able to speak to you to-day, I think you would have some idea of the value of speech to the deaf, and you would understand why I want every deaf child in all this great world to have an opportunity to learn to speak. I know that much has been said and written on this subject, and that there is a wide difference of opinion among teachers of the deaf in regard to oral instruction. It seems very strange to me that there should be this difference of opinion; I cannot understand how any one interested in our education can fail to appreciate the satisfaction we feel in being able to express our thoughts in living words. Why, I use speech constantly, and I cannot begin to tell you how much pleasure it gives me.

"Of course, I know that it is not always easy for strangers to understand me, but it will be by and by; and in the meantime I have the unspeakable happiness of knowing that my family and friends rejoice in my ability to speak. My little sister and baby brother love to have me tell them stories in the long summer evenings when I am at home, and my mother and sister often ask me to read to them from my favorite books. I also discuss the political situation with my dear father, and we decide the most perplexing questions quite as satisfactorily to ourselves as if I could see and hear. So you see what a blessing speech is to me. It brings me into closer and tenderer relationship with those I love, and makes it possible for me to enjoy the sweet companionship of a great many persons from whom I should be entirely cut off if I could not talk.

"I can remember the time before I learned to speak, and how I used to struggle to express my thoughts by means of the manual alphabet; how my thoughts used to beat against my finger tips like little birds striving to gain their freedom, until one day Miss Fuller opened wide the prison door and let them escape. * * * One can never consent to creep when one feels an impulse to soar. But, nevertheless, it seemed to me sometimes that I could never use my speech wings as God intended I should use them. There were so many difficulties in the way, so many discouragements. But I kept on trying, knowing that patience and perseverance would win in the end. * * So I want to say to those who are trying to learn to speak, and

those who are teaching them, 'Be of good cheer.' * * * Remember that no effort that we make to attain something beautiful is ever lost; sometime, somewhere, somehow we shall find that which we seek. We shall speak, yes, and sing, too, as God intended we should speak and sing."

Miss Keller, when conversing, reads the motion of the lips by merely laying a forefinger upon them. In this way, she understands everything her teacher says when talking at the rate of 200 words a minute.

She expects, we are told, to enter Radcliff College this fall, having already passed the entrance examinations—and she is but sixteen years of age!

What, now, is the secret of this wonderful success in overcoming obstacles almost inconceivable by the average human being—in emerging from what, a few years ago, would have been utter and hopeless darkness, into the fullest intellectual daylight? Was it inherent force of mind which gave this afflicted creature the victory? On the contrary, it is much more probable that, had she retained sight and hearing, she might have turned out quite a commonplace young person. It is the intense and unswerving concentration of her every faculty upon the one great object of self-improvement, that has led to this marvelous and unexampled development. Such concentration, under all the circumstances, was a simple necessity of her being. The soul, once awakened, could do nothing else but struggle upward and onward toward the opening light. There was no inuence to bind it down, or divert its energies. Not a moment, not a thought, was wasted. Compared with an aspirant like this, what wretched spendthrifts of time and talents are the most renowned and most exemplary among the multitudes that pity her.

Howard University, Washington, D. C., has refused to accept the body of the late Dr. Caroline B. Winslow, who bequeathed it to that institution to be dissected by the female medical students. Her skeleton was to be wired and mounted for use by the students of the Martilla Minor Normal School. The action of Howard University resulted in the cremation of the body.

A SUCCESSFUL INSPECTION.

It is not many months since the discovery of the diphtheria antitoxic serum was proclaimed to a wondering world.

Fortunately, this generation is not easily startled, and are easily led to try the new things which are given them, and antitoxin has reached faith and favor very quickly.

State legislation in many localities has assisted in securing immunization for the people, and in Pennsylvania the H. K. Mulford Co. has been inspected by the State Board of Health and a most flattering report given. It reads as follows:

Dr. George Groff, Chairman Committee on Preventable Diseases, etc.:

Dear Sir: In accordance with your instructions I visited the establishment of the H. K. Mulford Company, made a careful and thorough inspection of their laboratories and stables, and closely investigated the methods used by them in preparing diphtheria antitoxin, and the testing of the same.

I found the stables to be of excellent construction, large and spacious. The interior finish is such as to permit thorough cleansing; all connections being made with sewers, well tapped, allowing the free use of water for cleansing purposes.

The stables have roomy stalls, a great number being box-stalls, and a capacity for about one hundred horses; they are light, well ventilated, and are as clean as stables can be. The horses were healthy and of excellent appearance. In all there were about fifty horses producing antitoxin.

A competent veterinarian has supervision over the animals, each horse being subjected to rigid tests by mallein and tuberculin, for glanders and tuberculosis, before they are used in the preparation of antitoxin. Only young and healthy horses are selected. Those suffering from rheumatism or showing evidences of urticaria or parasitic diseases are excluded.

The inoculations with toxin and the bleeding are made in a careful, scientific, and thoroughly aseptic manner, in a separate special operating room, which is clean, well ventilated, sunny, and free from the dust and odors that are a necessary accompaniment in a stable. Before operating the rooms are thoroughly cleaned and sprayed with aseptic solutions.

Every lot of antitoxin is carefully tested, and if the control-animals show evidences of oedema at the site of injection, or diminution in body-weight, the antitoxin is rejected.

The experiments upon the value of antitoxin are conducted in a scientific manner; the antitoxins produced possess the number of units claimed.

If together with the 0.28 c.c. of toxin 1-1000 c.c. of the antitoxin be injected, and the animal survive without oedema or loss of weight, we know that the antitoxin possesses a strength of 100 units per cubic centimetre. This represents the "Standard" serum of which each c.c. contains 100 immunizing units. If but 1-2500 c.c. of antitoxin were required to neutralize the toxin and to save the guinea-pig, then it is the "Potent" serum of which each c.c. contains 250 units; if but 1-5000 c.c. antitoxin was required, then it is the "Extra Potent," each c.c. containing 500 units.

The serum is as clear as it is possible to prepare it, being filtered through micaceous filters before it is placed in sterilized bottles.

From all that I could see or learn, both from the bacteriologists in charge of the laboratory and from the laboratory books and records placed at my free disposal, there is every reason to believe that the Mulford antitoxin is a safe, rational, and valuable agent in the treatment of diphtheria. It is made just as efficiently and scientifically here as in any foreign laboratory.

THE WEARING OF VEILS AND ITS EFFECTS.

The Boston Medical and Surgical Journal for December 3d publishes an article on this subject, by Dr. Casey A. Wood, in which the author remarks that, although we hear and occasionally read of the ill effects produced by veils upon the eyesight, very little has been done in the way of determining the exact degree of interference with vision which these ornamental and occasionally useful protectors bring about.

The fact that the wearing of veils is productive of weak eyesight, headaches, and sometimes vertigo and nausea is, re says, within the experience of every ophthalmalogist. Not only are these effects produced by the eye strain consequent upon the added efforts made by one or both eyes to see through or around

an obstruction, but the irregular figuring on the veil itself is, in some instances, a source of annoyance to the wearer. As in other cases of abuse, the author remarks, the burden rests heaviest upon the weakest eyes, and probably the reason why one encounters so comparatively few instances of asthenopia directly due to veil-wearing is that the embarrassed eyes are able to overcome the additional strain where the vision is normal, the oculo-muscular system in proper equilibrium, and the general health good.

Dr. Wood had a dozen typical specimens selected for him for the purpose of demonstrating the extent to which veils of various kinds influenced the eyesight, and made a number of experiments with them, the most important of which he gives an account of, with the following results:

1. Every description of veil affects more or less the ability to see distinctly, both at a distance and near at hand.

2. The most objectionable kind is the dotted veil, although the influence of this variety for evil is more marked in some samples than in others.

3. Other things being equal, in undotted and non-figured veils, vision is interfered with in direct proportion to the number of meshes to the square inch.

4. The texture of the veil plays an important part in the amount and kind of eye strain produced by the veil. When the sides of the mesh are single, compact threads the eye is embarrassed very much less in its effort to distinguish objects than when double threads are employed.

5. The least objectionable veil is that without dots, sprays or other figures, but with large regular meshes made with single, compact threads.

It is not a necessary consequence of the wearing of veils that eye symptoms should result, continues Dr. Wood, for a healthy body resists the strain of an impediment to vision just as it does other deleterious agents; and it is only when from other causes the eyesight is weakened that the wearing of an objectionable veil proves immediately and obviously hurtful. Dr. Woods states that he has noted many cases of headache and painful vision, as well as other ocular symptoms, produced by veil-wearing in persons whose eyes are not overstrong; and he believes that this practice is one of the agents, not perhaps always recognized, that contribute to ocular discomfort, and it is

not the part of wisdom to compel our visual organs to overcome unnecessary obstacles in the effort to see.

It has been urged in defense of veils, he says, that they are often required for the protection of the face, to keep th hair in order, or to retain the hat in place. If the happiness and comfort of members of the gentler sex are thus bound up in veil-wearing, he adds, they should at least give preference to those veils that do the least harm.

But what excuse can be urged, he asks, for that not uncommon offense, the attempt to read through this unnatural screen? And yet such exhibitions are of every-day and every-night occurrence in places of public resort—street cars, railway trains, churches, theatres, concert halls, club rooms, etc.—thus adding to the injury of defective distant vision the insult of eye strain for near work.

BROMIDIA IN ACUTE MANIA.

S. L. Reed, M. D., Highland Park, Ky., October 28, 1896, writes:

Have only time at present to copy notes in reference to case in which I used Bromidia. Was called suddenly early on morning of June 10th to see Mrs. McG. Patient had been under treatment of Dr. R., who had been called but failed to answer. Found patient suffering with Acute Mania, very violent and destructive. On questioning family found patient had delivered herself four days previous of a three months foetus. Since that time patient had been receiving enormous doses of morphine with no apparent result. As patient was beyond control improvised a straight jacket of her husband's sweater and bicycle belt. Ordered half ounce Bromidia (Battle & Co.) every half hour until quiet. In two hours patient was sleeping. Patient continued to receive Bromidia whenever indicated, along with other treatment, and in a few weeks was apparently well, although Dr. R. still has her under observation. This will show the superiority of Bromidia over morphine, especially in cases with head symptoms.

I have had moderate success with Iodia, but could sing the praises of Papine in several columns if I had the time.

The Woman's Medical Journal.

VOL. VI. FEBRUARY, 1897. No. 2.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor.

DEPARTMENT OF SURGERY
Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY
Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.
Frances Rutherford, M. D. ..... Grand Rapids, Mich.

ASSOCIATE EDITORS.
Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

ORIGINAL.

THE USES AND ABUSES OF ERGOT IN OBSTETRICAL PRACTICE.*

By Harriet Garrison, M. D., Dixon, Ill.

HAS Ergot any place in Obstetrics? This question has been asked by a recent medical writer, but for twenty years I have been seeking an answer.

After carefully watching its action in my own cases, and noting the effects ascribed to it in all the published cases which have come under my observation, I have decided that it is the safest and best oxytocic yet discovered.

When can it be used?

It is demanded in all cases of uterine inertia where there is no mechanical obstruction to the delivery of the child. It is not always necessary to wait until the cervix is dilated sufficiently for the passage of the foetal head, but there must be no rigidity unless you expect to overcome this by other medication.

*Read before the North Central Illinois Medical Association. Dec. 2, 1896.

There is a class of cases in which the os is open from one-half to two inches and is composed of a thick wall of muscular tissue which is not rigid, but soft and dilatable, but becomes tense with every uterine effort, then relaxes to feel like normal muscle, but during the uterine contraction there is no expulsive effort, the amniotic sack does not protrude through the open os to act as a dilator on the cervix, and you feel no downward pressure of the foetal part, which is easily within your reach. A hand placed over the uterus will show that the longitudinal diameter does not diminish with the effort, but increases, carrying the fundus higher in the abdomen, while the transverse diameter is very much diminished. The circular fibres are contracting, but the longitudinal fibres are either not contracting or are doing such inefficient work that the equilibrium is destroyed and the foetus is being compressed instead of expelled. This condition is easily diagnosed by placing a finger upon the cervix just below its junction with the vaginal wall, and as the contraction comes on you will feel the cervix lengthen and become narrow to resume its former condition as the effort ceases, or if there has been any contraction in the longitudinal fibres it will be a very little shorter and the os slightly more open. In these cases if you have taken sufficient care to make your diagnosis accurate, you can begin your ergot at any time with the assurance that in one-half hour you will have expulsive efforts, and, if the amnion has not ruptured, the os will be assisted in opening by the much desired water sack—nature's Barns dilator.

My observation has been that ergot expends the most of its force upon longitudinal fibres, and in these cases, if the contractile force of the circular fibres is very strong it will require more effort of the longitudinal fibres than is safe; therefore, chloroform had better be given as soon as you have stimulated the longitudinal fibres to the point desired. Under chloroform the circular fibres will soon relax and natural expulsive effort begin. But if you are not prepared to use chloroform or some other relaxing medicine as ipecacuhana or chloral, to overcome the irritability which may exist in the cervical muscular fibres, then never use ergot, but allow your patient to suffer on from twenty-four hours to one week until nature, or some other unknown agent, has worn out the irritation.

How large shall the dose of ergot be?

Just large enough to produce the desired effect.

What is the effect which is desirable?

That the uterus make expulsive efforts in rhythmic order; i. e., there should be an appreciable interval of rest between each contraction.

What quantity of ergot is necessary to give this result?

Like all powerful drugs, there is no fixed rule. The amount depends upon the reliability of the preparation used and the susceptibility of the patient. I have had ten drops strengthen expulsive efforts more in one patient than forty did in another. If you do not get the desired result with one dose you can give another in twenty minutes if the first was not so large as to make another unsafe. You can continue to give it at short intervals and keep the uterus at the point of stimulation you desire just as you use ether or chloroform.

Ten drops of the best fluid extract, well diluted with water, every ten or twenty minutes, have given me the best results unless there was indication for great haste in delivery. In the most persistent case of inertia which I have delivered I have never used more than eighty drops.

Why has ergot fallen into disrepute?

Because, like all powerful drugs, it has been used unscientifically. It is just as irrational to throw your patient into convulsions with that powerful nerve tonic, strychnia, as to throw the uterus into tetanic spasms with ergot, and yet physicians maintain that this must be done to get its oxytocic action, and in this abuse of it lie all the dangers attribued to it by medical authorities.

Twenty-five years ago Byford wrote: "I can easily understand how urgent ergotism might do much damage where there is a serious obstacle to the delivery." And Dunglison wrote, almost fifty years ago in his Theraputics: "It has been an objection often urged against ergot that the number of stillborn has been augmented since its introduction," and further, "that more or less danger accrues to the offspring either by the induction of asphyxia or of positive death owing to the violence of uterine contraction or to the deleterious agency of the drug on the foetus." "It would seem, however, that when it is prudently administered there is sufficient reason for the belief that it is injurious to the child."

And in my reading I have failed to find any new evil effect brought forward by any late writer.

Does it have any poisonous influence through the maternal circulation?

When we consider the number of cases in which it has been used as an abortifaciant and the foetus has yet been carried to full term without injury to mother or child, it would seem that it must have very little, if any, poisonous action through the maternal circulation.

I have never seen a case where I thought ergot injured the child by compressing the cord, and I think, like Trosseau, that the number of stillbirths attributed to it is because it is used in the most difficult cases where the child would have been born dead in any case.

What are its benefits?

It hastens delivery by making the contractions expulsive, and thus shortens the patient's period of suffering. Its expulsive contractions gradually lessen the uterine caliber and does not allow so much relaxation as occurs without it, and in this way prevents the formation of clots, and the after pains to expel the clots or their retention until they become septic, and also closes the uterine sinuses, thus preventing the absorption of septic material if any should form in the uterus.

Ergot is preferable to forceps in all but exceptional cases, as it allows the head to rotate and become shaped to suit the pelvic outlet, thus preventing laceration of the perineum.

Thus experience says that ergot has a permanent place in every obstetrician's armamentarium, and that it, like quinia, fails in its specific use only when used empirically without regard to the condition of the patient

---

PUERPERAL ECLAMPSIA.

Some Suggestions.

DR. WILLIAM WARREN POTTER, of Buffalo, read a paper at the ninety-first annual meeting of the Medical Society of the State of New York, Albany, January 26, 1897, entitled, "Puerperal Eclampsia; Its Etiology and Treatment."

He said, inter alia, that we seem to have arrived at the renaissance of eclamptic literature, that while the subject is being discussed in magazine articles and societies, it would not answer for this society to keep silent.

Though the pathogenesis of eclampsia is still unsettled, we are certain that it is a condition sui generis, pertaining only to the puerperal state, and that to describe, as formerly, three varieties—hysterical, epileptic and apoplectic—is erroneous as to pathology and causation as well as misleading in treatment.

The kidney plays an important office in the economy of the eclamptic. If it fails to eliminate toxins, symptoms are promptly presented in the pregnant woman. Renal insufficiency is a usual accompaniment of the eclamptic state. Overproduction of toxins and underelimination by the kidney is a short route to an eclamptic seizure. However, many women with albuminuria escape eclampsia and many eclamptics fail to exhibit albuminous ruine.

The microbic theory of eclampsia has not yet been demonstrated. The toxemic theory in the present state of our knowledge furnishes the best working hypothesis for prevention or cure.

Treatment should be classified into (a) preventive, and (b) curative. The preventive treatment should be subdivided into medicinal and hygienic; and the curative into medicinal and obstetric. A qualitative and quantitative analysis of the urine must be made at the onset. If there is defective elimination something must be done speedily to correct a faulty relationship between nutrition and excretion. One of the surest ways to control progressive toxemia is to place the woman upon an exclusive milk diet. This will also serve to flush the kidneys and thus favor elimination. Distilled water is one of the best diuretics; it increases activity and supplies material—two important elements. In the pre-eclamptic state, when there is a full pulse with tendency to cyanosis, one good full bleeding may be permisible, but its repetition should be regarded with suspicion. If there is high arterial tension—vasomoter spasm—glonoin in full doses is valuable.

When eclampsia is fully established the first indication is to control the convulsions. Full chloroform anesthesia may serve a good purpose. If the convulsions are not promptly controlled the uterus must be speedily emptied. This constitutes the most important method of dealing with eclampsia. Two lives are at stake, and by addressing ourselves assiduously to speedy delivery of the fetus we contribute in the largest manner to the conservation of both.

Rapid dilatation first with steel dilators, if need be, then

with manual stretching of the os and cervix, followed by the forceps, is the nearest approach to idealism. Only rarely can the deep incision of Duhressen be required. Caesarian section should be reserved for extreme complications, as deformed pelvis, or to preserve the fetus when the mother's condition is hopeless. Veratrum viride is dangerous, uncertain and deceptive in action.

In eclampsia of pregnancy, i. e., prior to term, the aseptic bougie, introduced to the fundus and coiled within the vagina, may be employed to induce labor. Finally, to promote the elimination of toxic material diuresis, catharsis, and diaphoresis should not be forgotten; neither should the hot air bath, nor the hot pack be overlooked.

THE BUBONIC PLAGUE.

The plague in Bombay and Kurrachee shows no signs of abatement. According to the official returns up to January 18th, there had been 3,363 cases and 2,592 deaths from the disease in Bombay, and 543 cases with 498 deaths in Kurrachee. It is believed, however, that these figures are far from correct, many of the cases being returned by the native physicians under other names. There has been a great apparent increase in the number of deaths from typhoid fever and malaria, and it is said that many cases of plague are returned as of some other disease through either ignorance or a desire to spare the family a visit from the sanitary authorities. The Times of India, basing its estimate upon the number of deaths which have occurred in Bombay in excess of the average death rate for the last five years, which it thinks may safely be attributed to the plague, says that the disease has caused 9,835 deaths since its presence in Bombay was first officially recognized. Great alarm was caused in Marseilles last Saturday by the occurrence of nine sudden deaths in one street, which rumor attributed to the plague, but which the authorities asserted were due to pneumonia. There was also a report, which was later shown to be false, that a plague ship had arrived at Hamburg.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor, Women's Medical Journal, Toledo, Ohio.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations furnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in *The Woman's Medical Journal* will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

A MATTER OF GROWTH.

New Departments.

THERE is no gainsaying the pleasurable emotion produced by the simple feature of addition to our belongings. It is an inherent feeling common to us all. Wherefore we trust you also will be a participant in our pleasure in announcing the new editorial staff of The Woman's Medical Journal. The names you have no doubt read upon the cover page, and, by the way, they are not new to our friends, for they are each and all valued contributors to current medical literature.

We do not intend to indulge in fulsome phrase or unseemly laudation, for we feel that the reputation of each woman is made and that her work stands for far more than our words, however well meant, however earnest, could amount to.

We feel sure of this, however, that each one will be of value to us, to herself and, lastly and of greatest value, to her profession.

Dr. Mergler, who is familiar to many of us as Secretary of the Woman's Medical College of Chicago, and Professor of Gynecology there, will have entire charge of the Department of Surgery in this journal. As announced last month Dr. Towslee, who is Assistant Professor of Gynecology in the College of Physicians and Surgeons, Cleveland, Ohio, will have the section of Gynecology.

Dr. Rutherford, of Grand Rapids, Mich., who is lecturer on Dietetics in the U. B. A. Hospital Training School in that city, will manage the Dietetic department.

Associated also in the editorial management are our old friends Dr. Mary Spink of Indianapolis, and Dr. Julia Carpenter of Cincinnati.

The Managing Editor takes pleasure in making these announcements, and begs to say that further additions will be announced from time to time until this journal will have a complete editorial equipment.

The aim of this journal has been to provide the best in medical literature, and to indicate as truly as possible, the position of women in medicine. This being the aim and scope of this journal, we shall be glad to have in the future, as in the past, the hearty co-operation of the women in the profession.

PUBLIC APPOINTMENTS ABROAD.

Medical Women.

FOR many years the appearance of women in the profession excited much comment because of the fact that a woman physician was a new factor—an untried quantity—in a profession that was not much over a century old itself. But now that we have become so numerous, conditions have changed, and the thousands of women who are in the medical profession are taken as a matter of course.

But the pioneers have good memories and the bars that were thrown in their paths, the hindrances that were put before them, are stars that make more brilliant the present successes. We younger women may forget the ladders by which we have climbed to our present positions; we may refuse to admit that there was any ladder at all; but so long as history stands the pioneer work of our earnest predecessors, such as Ann Preston, Rachel Bodley, Elizabeth Blackwell and Marie Zakrzewska will be a monument to the uplifting of women in the world. We are all familiar with what is done in this country, but our neighbors over the sea are also doing their share.

The new jubilee calander for the women of the British Empire has many valuable statistics. There are over two hundred and fifty registered medical women in that empire, of

whom sixty-eight are practicing in London, and eighty-three in the Provinces; Scotland has thirty-nine, Ireland twelve, India fifty-six, and the Colonies, China, etc., fifteen. Of the remainder eleven have died and the rest are pursuing further studies. In the matter of official positions London women are far in advance. Of the sixty-eight women in London thirty-three per cent. of them hold office of some sort — by official meaning that the person held office of some sort in either public or private institutions.

Of the purely public appointments the following were officially announced during the year of 1896:

Dr. Winifred Dickson, to be Examiner in Midwifery and Gynecology, by the Royal College of Surgeons, Ireland.

Mrs. Percy Fleming, M. D., to be Medical Registrar at the Royal Free Hospital.

Miss Aldrich Blake, M. S., to be Surgical Registrar at the Royal Free Hospital.

Miss Annie Anderson, M. D., to be Hon. Assistant Physician to the Clinical Hospital for Diseases of Women, Manchester.

Miss Christie, M. B., to be Junior Medical Officer to the Greenwich Union Workhouse.

Dr. Clara Williams to be House Surgeon to the National Eye and Ear Infirmary, Molesworth street, Dublin.

Miss Louisa Stevenson elected a manager of the Edinburgh Royal Infirmary.

Mrs. Cope elected Secretary to the Royal Eye Hospital, Southwark, London.

All these facts are worthy of congratulation, and as we pass along the road to success, to practical achievement, it is of value to look across the way and note what our sisters are doing.

A WOMAN INTERNE.

THERE has been more or less talk in Ohio over the failure of the trustees of the Ohio State Hospital for the Insane at Toledo, O., to appoint a woman on the regular staff in that institution.

Two years ago a mandatory law was passed providing for a woman interne in the various state hospitals, but no one has been named in Toledo, O.

In a recent conversation with one of the trustees of that

institution it developed that while the law was recognized as a good thing there were no funds to pay a woman.

"As soon as the legislature meets, we shall apply for an appropriation for this salary—and when it is secured, endeavor to get a competent young woman who has served in a similar position elsewhere."

So the matter stands. Wheels within wheels must revolve ere reform goes triumphantly onward.

GYNECOLOGY.

Edited by Lillian G. Towslee, M. D., Cleveland, Ohio.

The editor of The Woman's Medical Journal invited me to take charge of a "Gynecological" department for the Journal. I will endeavor to furnish compilations, reports of cases and occasionally an original article. For introductory remarks I would like to copy from my article, "Why Women Should Practice Medicine," written for The Western Reserve Medical Journal in '93, the paragraph on Gynecology:

"Gynecological work is woman's special sphere, and as Gynecologist she is pre-eminently successful. Many women, not all, dislike to be treated by men for uterine troubles. There are women who suffer from year to year simply because they will not consult a man. As a rule a woman can be freer with one of her own sex. There is not the same restraint. A woman understands the sensitiveness of a woman, and appreciates the suffering she has endured better than a man possibly can. However much a man may wish and aim to do his best, he cannot in all cases equal a thoroughly trained and equipped woman, for she is especially fitted to treat diseases peculiar to women."

AN INTERESTING REPORT.

A case coming from the gynecological ward of Johns Hopkins Hospital to the autopsy table is of remarkable interest from a rare abnormality of the ureter, which is a double ureter on left side, with double renal pelvis and two bladder orifices. The patient from whom the specimens were obtained was a woman of 45 years of age. She had been admitted to the gynecological

ward suffering with a carcinoma of the cervix uteri, which on examination was found too far advanced for operative help. Death followed soon after her admission, the result of exhaustion. There were no signs of uraemia, the patient passing a moderate amount of urine daily. As no bladder examination had been made before death, there was no suspicion of the condition found at the autopsy.

Abnormal position of the right kidney. Hydro-ureter on both sides. Chronic nephritis. The ureters are dilated and contain quite clear fluid. The right ureter is about the size of the index finger; the pelvis of the corresponding kidney is dilated, the calices being deepened, but relatively these parts are dilated less than the ureter. On the left side the ureter is double. Beginning at the hilum of the kidney by separate pelves, between which there is no communication, the two ureters from here run side by side, bound closely together, but entirely separate, to the bladder, where they enter at distinct orifices 1.5 cm. apart. They are dilated throughout their full extent. Each ureter is about the size of the little finger, and contains clear contents. They show marked contraction where they pass through the growth extending from the cervix, but a probe can only with some difficulty be forced into each ureter from its appropriate orifice.

The mucous membrane of the bladder is beset with fine hemorrhagic points. At the orifice of the single right ureter there is a teat-like projection into the cavity of the bladder, at the summit of which the ureteral orifice is found. This projecting portion of the mucous membrane is firm in consistence and is probably due to a direct extension of the new growth. The bladder is moderately distended with turbid urine. The uretha is congested, but shows no sign of the extension of the new growth.

Some time ago I was called to see a patient who had been suffering for twelve hours with abdominal pain. She had no special pelvic trouble of which she knew. Her legs were flexed; a slight movement would cause her to cry out in agony. On examination I found an enlarged abdomen. The tumor that presented reached nearly to the umbilicus. I inquired as to the length of time she had noticed this enlargement. She did not know, only she was suffering greatly. I questioned her as to urination and found she had passed a small amount of urine

once within the preceding twenty-four hours. I decided at once to introduce a catheter, which I did, and drew off four and one-half quarts of urine, the tumor disappearing as rapidly as the flow of urine would allow, after which my patient was able to get up.

The special points of interest were, the distended bladder could easily have been mistaken for an ovarian tumor. The over distension and the great danger of rupture of the bladder. The amount of urine secreted in that length of time.

THE PLAN FOR THE PASTEUR MONUMENT.

It has been decided to erect in one of the squares of Paris a monument to the memory of M. Pasteur. Statues or busts will also no doubt be located at his birthplace and in other cities. The Paris committee has, however, wisely determined that the statue obtained through international effort shall be located in Paris, where it will be seen by the greatest number of his countrymen and also by the greatest number of his admirers from other lands. The Paris committee has for honorary members the President of the Republic and his cabinet, together with about one hundred and sixty of the most prominent officials, scientists and other distinguished citizens of France. The active members of the committee are J. Bertrand, President, member of the French Academy, Perpetual Secretary of the Academy of Sciences. J. Simon, Vice-President, member of the French Academy, Perpetual Secretary of the Academy of Moral and Political Science. Grancher, Secretary, member of the Academy of Medicine, Professor in the Faculty of Medicine. Bruardel, member of the Academy and of the Academy of Medicine, Dean of the Faculty of Medicine. A. Christophie, Honorary Governor of the Credit Foncier, Deputy from l'Orne. Count Delaborde, Perpetual Secretary of the Academy of Fine Arts. Duclaux, member of the Academy of Science and of the Academy of Medicine. Magnin, Governor of the Bank of France, Vice-President of the Senate. Baron A. de Rothschild, banker. Roux, Assistant Director of the Pasteur Institute. Wallon, Perpetual Secretary of the Academy of Inscriptions and Belles-Lettres.

The Paris committee has kindly extended the opportunity to the people of the United States to assist in this tribute of

appreciation and love and have authorized the organization of the Pasteur Monument Committee of the United States.

The members of this committee gladly accept the privilege of organizing the subscription, and of receiving and transmitting the funds which are raised.

We believe it is unnecessary to urge any one to subscribe. The contributions of Pasteur to science and to the cause of humanity were so extraordinary, and are so well-known and so thoroughly appreciated in America that our people only need the opportunity in order to demonstrate their deep interest.

All can unite in honoring Pasteur. He was such an enthusiastic investigator, so simple, so modest, so lovable, and yet, so earnest, so great, so successful—his ideals were so high and his efforts to ameliorate the condition of humanity were so untiring that we anticipate an enthusiastic response from the whole civilized world. The United States will vie with the foremost of nations in this tribute. Chemists, zoologists, physicians and all others interested in science will wish to be represented. No one is expected to subscribe an amount so large that it will detract in the least from the pleasure of giving. A large number of small subscriptions freely contributed and showing the popular appreciation of this eminent Frenchman is what we most desire.

This committee supplies subscription blanks, which should be returned in the accompanying envelope, together with a money order, check or draft covering the amount subscribed. All checks, etc., should be made payable to "Treasurer Pasteur Monument Committee," and when received by the secretary a numbered receipt will be forwarded to the sender. The original subscription papers will be forwarded to the Paris committee for preservation.

It is our purpose to do our work as largely as possible through societies or other organizations. We prefer to have each organization appoint one of its members as an associate member of this committee with authorization to collect and forward the subscriptions. The amounts thus far subscribed by individuals vary from fifty (50) cents to ten (10) dollars. It is hoped that no one who is interested will hesitate to place his name upon the list because he cannot give the maximum amount.

Please let this receive your early attention and in that way assist our committee which must conduct correspondence with the societies of the entire country.

DIETETICS.

Edited by Frances Rutherford, M. D, Grand Rapids, Mich.

THE awakening interest which is being shown in the subject of Dietetics by the medical fraternity will have a tendency to place food in the first rank of remedial agencies.

Since diseases are modified and even cured by the character of the food supply, it becomes highly important that the good work of proper alimentation should be given at the earliest period of life, hence Pediatrics and Dietetics are clearly allied subjects.

The sections of household economics in the various Women's clubs during the past few years have grown in interest far in advance of the literary sections.

Agricultural colleges, too, are catching the spirit of the times and are showing that it is essential to keep the people informed as to the best food for man, as well as the manner of feeding domestic animals.

* * *

That there is an awakening along these lines one must but glance through the columns of current medical literature, and note the many subjects that are being discussed. Proper and improper alimentation. Pure and impure milk. The relative value of foods. Chemical examinations of human milk. The very multiplication of these subjects is but an indication of the interest and investigations in Dietetics. Not medicines, but measures, is the new method that is coming into vogue.

* * *

One of the most valuable contributions to current medical literature on this subject, the right book at the right time, is Dr. Gilman Thompson's Practical Dietetics. Dr. Thompson is Professor of Materia Medica and Therapeutics and Clinical Medicine in the University of New York, and amply able to speak authirtatively on this interesting and important topic.

"Practical Dietetics" is certainly of a high order of merit, clearly and concisely written, yet so entertainingly that the reader pursues it with the ardor of a confirmed reader of fiction. Should such practical books continue to be written, I fear we physicians would need petition the laity to combine and fix a salary for keeping them well.

No practical physician can afford to do without this excellent work, for it can be read and re-read, and each reading will fix new truths upon the mind.

* * *

Atwater's Charts on Food Values should find a conspicuous place in every school room, and for the busy housewife "Food Products of the World," by Mary E. Green, M. D., fills a long felt want. Dr. Green's long professional work of the past twenty-five years has ably fitted her to teach both from the standard of the physician and the mother.

* * *

Finding rice was better utilized by the Jap than the European, it ocurred to Dr. Scheube of Kioto that some radical difference in the intestinal anatomy might supply the explanation. Professor Taguchi, after measuring the intestines of twenty-five cadavers at Tokio, now asserts that, after making proper deductions for variations in stature, the Japanese intestine is one-half longer than that of the European.—Med. Recorder.

INFANTS DIETARY.

A Valuable Addition.

TWO problems have long engaged the attention of physicians and chemists, namely: the production of a food product rich in albumen which will be absorbed directly without undergoing any chemical change in the stomach and intestines, and, thereby, taxing the digestive functions; and, secondly, the production of a complete substitute for mother's milk. The objects of these endeavors in both cases are practically the same. The digestive tract whose functions have been impaired by disease, requires a food which possesses a high nutritive value in the smallest possible bulk, and can be readily assimilated. In the artificial nutrition of an infant we have to deal with a still imperfect development of the digestive organs, and in very many instances besides this, with a disease due to the ingestion of improper food. Hence, a food is required which, in comparatively small quantity, possesses the property of not only maintaining the equilibrium of the organism, but also of participating actively in the development of the latter.

Nothing seemed more natural than to attempt to relieve the digestive tract of at least part of its work by the administration of food stuffs in an absorbable condition, and, therefore, to subject the aliments to artificial digestion before their ingestion. These efforts were naturally directed at first towards the albuminous bodies, since these constitute the most important constituent of the nourishment, and make the greatest demands upon the functions of the digestive apparatus. They led to the preparation of the peptones (I exclude the meat extracts, as these cannot be classed among the food substances).

Several investigators, however, are of the opinion that pure peptone cannot be utilized for the development of the organs, and cannot maintain the body in nitrogenous equilibrium. While the nutritive value of peptone has thereby been rendered doubtful, there are other properties of the latter which would seem to render its employment unsuitable: First, the disagreeable taste; second, the property of accelerating the peristalsis in too great degree.

For this reason attention has long been directed to the intermediary products, in digestion between albumen and peptone, that is, to the albumoses; and the Farbenfabriken of Elberfeld have succeeded in manufacturing a meat preparation which consists almost completely of albumoses, and which they have introduced in the market under the name of Somatose.

What, then, are the advantages of albumoses over peptone? The albumoses are readily soluble, more easily than albumin, readily absorbed, and at once taken up in nutrition; they are able, not only of maintaining the body in nitrogenous equilibrium, but of producing a nitrogenous surplus; they are almost tasteless and odorless, and have no purgative action. The albumoses, as regards digestibility and assimilability, are, therefore, aliments of the first rank.

Recognizing these properties, attempts were made by the addition of albumoses to cow's milk to approximate its composition to that of mother's milk. Rieth added to diluted cow's milk, besides fat and sugar, the albumoses prepared from egg albumen, which, however, on account of their somewhat abundant content of sulphur, produced ill-smelling gases. This disadvantage is not shared by the meat albumoses, since they contain only a slight amount of sulphur.

When employed for the artificial nutrition of infants, the albumoses possess another most important property: the coagu-

lation of cow's milk with addition of Somatose by means of the lab ferment gives rise to a very loose and soft flocculi similar to those of breast milk. The significance of this fact is obvious, since it constitutes a chief factor in the utilization of milk in the nutrition of infants.

On the ground of his investigations with Somatose, Goldmann gives the following directions for the preparation of Somatose milk: To 1 litre of cow's milk (morning milk) add 730 cubic centimetres water, 10.7 grammes Somatose, 46 grammes sugar of milk, 33.5 grammes fat (that is 71 grammes cream containing on an average 50 per cent. fat). This formula is based upon the following figures: Mother's milk contains fat, 3.79 per cent.; albumen, 0.78 per cent.; casein, 1.69 per cent.; sugar of milk, 5.46 per cent. Cow's milk, fat, 3.32 per cent.; albumen, 0.52 per cent.; casein, 2.91 per cent.; sugar of milk, 4.84 per cent. We know that these figures are not absolutely correct, since the composition of milk in one and the same person is subject to variations which depend, on the one hand, upon the period of lactation, and on the other, upon the time of the day, under normal conditions. I have mentioned the numbers in order to secure a basis for future observations and experiments.

If we assume that the caloric value of albumen and carbohydrates is equivalent to 4.1 and for fats 9.2, then from one litre of mother's milk under the above estimate we obtain a value of about 674, and from one litre of Somatose milk, according to Goldmann's formula, a value of about 670 calorics. In these estimates I have made an error, in so far as I have not considered the quantity of ash in Somatose—an error, however, which is not of much importance, in view of the fact that dried Somatose contains from 89 to 90 per cent. of albumoses, and which, moreover, is counterbalanced by the fact that the milk has not a constant composition. Hence, in our estimates we need only confine ourselves to figures of nutritive value, and these show that the caloric values of mother's milk and Goldmann's Somatose milk are practically equivalent.

Owing to the liberality of the Farbenfabriken, which placed at our disposal a quantity of Somatose, we were in a position to institute experiments regarding the nutritive value of Somatose in children, especially in infancy. Such experiments are always attended with great difficulties in patients who, like our own, have to be treated in the outdoor department, both on account of the unreliability of the material and the trouble of keeping

them under observation. In these investigations we are chiefly restricted to the statements made by patients during their visits from time to time, and to the care with which the prescribed medical regulations are carried out. Unfortunately, these directions and admonitions are too often undervalued and overstepped. We were, therefore, unable to make complete experiments in metabolism. On the other hand, in dealing with clinical material, such as is presented by infants, we are not absolutely dependent upon these, for although the bodily weight is of little significance in experiments in metabolism in adults, in infants weighing constitutes a most sensitive reagent for determining the utilization of the food.

These investigations were undertaken in the following class of cases:

1. In infants which had remained backward in development, but were otherwise healthy, because of inadequate nutrition, whether natural or artificial.

2. In artificially nourished infants with acute dyspepsias.

3. In artificially nourished infants with gastro-enteric catarrh and its sequelae.

4. In children with severe acute febrile diseases not affecting the digestive apparatus.

5. In children during the stage of convalescence from diseases mentioned in paragraph 4.

Almost all the children which I nourished with Somatose belonged to the poorest class, and often lived under the most unfavorable hygienic conditions. It need not, therefore, be especially emphasized that any of the children treated had even approximately the normal weight.

In the case of infants the manner of administration of Somatose, owing to the fact that unfortunately we could not obtain Somatose milk prepared according to the formula of Goldmann, was as follows:

Ordinary cow's milk was mixed with a solution of Somatose usually in the proportion of 1:1 and then sweetened. Of the Somatose 2 gm. were added to 1 litre of the mixture. Of sugar (usually beet-root sugar, only occasionally milk sugar) about 25 gm. The quantity administered was based upon the age and development of the child. The older children were given Somatose in soup or milk, 2 to 3 gm., during the day, in divided quantities. In conditions of fever the children received milk

Concluded next month.

SURGERY.

Edited by Dr. Marie J. Mergler, Chicago, Ill.

Dr. Nicholas Senn, Professor of Surgery in Rush Medical College, of Chicago, speaking of operations for appendicitis very tersely summarizes his position in the following words: "The custom followed by many American surgeons, to remove the appendix in all cases in which a diagnosis of appendicitis is made, is a very harmful one. The removal of the appendix should be limited to (1) those cases in which during the first attack symptoms arise which portend danger to life, and (2) to relapsing appendicitis. Some cases of appendicitis yield to medical treatment, and in a large percentage of such cases the patient remains free from a second attack."

The latest suggestion relative to perfect sterilization of catgut is that of Hoffmeister, who recommends as follows: (1) Wind the catgut on a glass spool and harden in a 4 per cent. solution of formalin for twenty-four hours. (2) Boil in water for ten minutes. (3) Preserve in alcohol containing 5 per cent. of glycerine and 0.1 per cent. of corrosive sublimate. From the beginning to the end of the operation the catgut should remain on the same spool and should not be touched by the fingers. This prevents it from twisting into kinks, as well as keeps it free from infection.

The Diseases of Infancy and Childhood.—For Use of Students and Practitioners; by L. Emmett Holt, A. M., M. D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Nursery and Child's and Babies' Hospitals, New York; Consulting Physician to the New York Infant Asylum, and to the Hospital for Ruptured and Crippled. With Two Hundred Illustrations, including Seven Colored Plates. New York: D. Appleton & Co., 1897. Price, $6.00.

At the first glance of this beautiful work we recognize the physician of large experience—the scholar and the master of clinical instruction.

Practical methods are clearly and concisely stated.

This volume brings the very best "post graduate course" into the doctor's home library.

The subjects of nutrition and malnutrition are treated exhaustively.

In chapter IV, Diseases of the Bones and Joints, while the author does not invade the field of the Orthopoedic or general surgeon, he gives the etiology, pathology and diagnosis of tubercular and syphilitic lesions, pointing out the essential pathological features, in their true relation to each other, and giving the reader the consequent indications for treatment according to the most recent scientific and approved methods.

The selection of type and arrangement of paragraphs and chapters are to be commended. Here, again, the author meets the want of his reader—be it the student, the young doctor or the busy practitioner—since he evidently appreciates the advantage of attracting the reader's attention at once to the subject under consideration.

The illusrations are mostly original and well selected. On the whole, this volume will be a valuable addition to any medical library. M. J. M.

BITS OF NEWS.

There are twenty-seven women students in the medical schools of Paris.

Dr. Mary A. Avery, of Portland, Me., is secretary of The Practitioners' Club of that city.

Dr. Mary McCay Wenck, of Sunbury, Pa., has been elected Treasurer of the West Branch Medical Society of that county.

Dr. A. A. Stevens has been appointed Professor of Pathology in the Woman's Medical College of Pennsylvania.

Miss Knight, of London, has been appointed professor of anatomy and pathology in the Lhudiana Medical School, Northwestern Provinces, India.

Dr. Emily I. Conant has been promoted to fill the position of instructor of pedagogy in the Normal College at New York, in place of Dr. Jenny B. Merrill, who was elected superintendent of the kindergartens of the city.

Dr. Ella F. Blaylock is secretary of the Nashua (N. H.) Med-

ical Society, and its only woman member. In a speech at the annual banquet of the society, Dr. Blaylock made the claim that New Hampshire was the first State to admit women to its medical association.

Dr. Emily A. Bruce died last week in Boston, Mass. She graduated from the Boston University School of Medicine (Homeopathic), and then completed a thorough course of medicine and surgery in Paris. She was an active member in many scientific and philathropic organizations, and "The Arena" has published many of her writings.

Sister Raphael, M. D., is an honored member of the medical fraternity of Kalamazoo, Mich. This nun-doctor graduated from a Philadelphia medical college previous to becoming a member of the religious order of the Sisters of St. Joseph. She is a sister of Father O'Brien, rector of the church at Kalamazoo, Mich., and she has in the convent in that city an office fitted up with a dentists's chair and every appliance for a large office practice, both medical and surgical. She is also one of the physicians in the Borgess Hospital, attached to the convent.

Miss Agnes P. Mahony, of New York, was recently appointed apothecary at the Manhattan State Hospital on Ward's Island. Miss Mahony graduated some years ago from the Training School for Nurses on Blackwell's Island. Afterwards she studied medicine, and was for several years in the medical ward of St. John's Guild, on Staten Island. She then entered the New York College of Pharmacy, and won a prize of $100 for scholarship. She was the only woman in a class of 180.

In a review of Dr. Elizabeth Blackwell's book entitled Pioneer Work in Opening the Medical Profession to Women, the Medical and Surgical Reporter says: "It is interesting to trace the steps by which progress has been made from those early days to the present, although those who recall the opposition made not so many years ago to the admission of women to the medical scieties in this vicinity, can readily see that the narrative of opposition has not yet become a matter of ancient history, although it is said that the women chiefly interested have already forgotten the men who gave them the most assistance in gaining their ends. Be that as it may, the fact remains that the fight is not yet over and that much remains to be gained by the woman practitioner before the fullest tide of equality be conceded by all members of the profession."

Mrs. Elizabeth Garrett Anderson, M. D., is making an appeal for funds for the New Hospital for Women, and for the London School of Medicine for Women. The hospital has proved conclusively that the services of medical women are welcome to women, and also that women are capable of carrying out successfully work requiring, in the highest degree, surgical skill, courage and judgment. Patients come from all parts of the country for the most serious operations, and the results of the work compare very favorably with those in any other hospital in London dealing with the same class of cases. The school, the largest of all the separate schools for women, and the only one in England, has for more than twenty years been carried on in small hired houses, and it is now proposed to pull these down and build good laboratories, libraries and lecture-rooms, etc.

BOSTON MEDICAL LIBRARY MAY 3 1905

BOOKS.

MANUAL OF THE PRACTICE OF MEDICINE, by George Roe Lockwood, M. D., Prof. of Practice of Medicine in the Woman's Med. College of the N. Y. Infirmary, etc., etc. 75 illustrations and 22 full page colored plates. Published by W. B. Saunders, 925 Walnut St., Philadelphia. Price, $2.50 net.

The profession as a whole certainly owes no uncertain duty to Mr. Saunders, who, as a publisher, has done such great service in the production of medical literature. The very mention of his name as a publisher is a guarantee of the excellence of the book.

Dr. Lockwood's manual is exceedingly practical in its scope, as well as in its arrangement, and his discussion of the etiology, pathology, symptoms and treatment is concise, clear and positive. His suggestions in treatment are eminently safe and careful, and easily followed, and his prognosis is always within the boundary of reason. Empiricism holds little sway, nor does the prevailing fashion of fads secure much endorsement.

———o———

HOUSEHOLD ECONOMICS, by Helen Campbell. Published by G. P. Putnams' Sons. New York, N. Y.

The past ten years has been most fruitful in research along the lines of home keeping and home making; and none have done better work, nor accomplished more marked results, than Helen Campbell., the present book being a compilation of her lectures on this topic delivered in the school economics of the

University of Wisconsin, and is a most comprehensive exposition of the subject."

The author says: "To perform or properly superintend these industries is required a knowledge of the chemistry of foods and of cleansing processes, and to some degree of agriculture. Physiology is absolutely necessary, and hygiene and general sanitation go hand in hand with both.

"All these knowledges are involved in household economics. It is the administration of human life—neither more nor less."

———o———

HEALTH SEEKERS IN SOUTHERN CALIFORNIA, by Wm. A. Edwards. M. D., and Beatrice Harraden. Published by J. B. Lippincott Co., Philadelphia. Price $1.00.

Much of the literature anent this charming land has been more or less biased, owing to the personal interests of the publishers, who have been mainly either landlords of hotels or passenger agents of interested railroads. Either, with the most honest intentions, would be tinged with the gloss of self interest in writing, and so, in a measure, lose faith with the impartial reader seeking information.

Miss Harraden's pen produces a charming flow of words, descriptive of this beautiful land, and Dr. Edwards backs it up with a most forcible array of facts, producing as a whole an irrefutable argument in favor of Southern California for invalids.

With the advent of the changeable weather of spring so disastrous to the invalid, this book is a valuable one to put in the hands of inquiring patients.

———o———

FICTION.

JANE, by Marie Conelli. Published by J. B. Lippincott Co., Philadelphia, Pa.

Miss Corelli has furnished a most finished satire on current English society life that is most readable, most clever and most delightful—a trinity of adjectives that are not overdrawn upon to express a very natural opinion from those who are fortunate enough to have achance at the book. Jane is delicious—a rare creature full of repose and latent strength that crops out at the proper time and with the proper spirit.

———o———

JOHN LITTLEJOHN, OF J. Being in particular an occount of his remarkable entanglement with the King's intrigues against General Washington, by George Morgan. J. B. Lippincott Co., Philadelphia. Price $1.25.

The renaissance of the spirit of '76 is no more evident than in the fiction of to-day. The numerous novels attest the truth of

this fact, and John Littlejohn of J. is one of the best of the class, and ranks favorably with Hugh Wynne, the new story of Dr. Weir Mitchell concerning a similar period in our history.

———o———

RODNEY STONE, by A. Conan Doyle. Illustrated. Published by D. Appleton & Co., New York. pp. 408. Price $1.50.

Conan Doyle needs no introduction to any reader of fiction, and his new story of Rodney Stone marks a new field for the versatile Doctor. There is a flavor in the story which reminds one of Pendennis, without the verbosity of Thackeray. It may not be amiss to declare that this is a story of a single sitting, for 'tis only a great event that will bring one to lay down Rodney Stone until the story is finished.

———o———

MIDSHIPMAN FARRAGUT, by James Barnes. Published by D. Appleton & Co., of New York, with illustrations by Carlton Chapman and others.

To escape the prosy, dry detail of actual fact, and make an interesting recital of the same occurrences as an exploit worthy of Dumas, Mr. Barnes has accomplished this task in such a delightful manner that the younger generation are full of delight when Admiral Farragut is mentioned. The young people are to be congratulated on such askilled writer.

———o———

CHRISTINE CAREER, by Pauline King. Published by D. Appleton & Co., New York. Illustrated.

A story for girls, that is healthy in its tone, inspiring in its trend and at the same time full of spirit and of action. The characters have character. They are live boys and girls, and full of genuine juvenility. It's a good book for our girls to have.

ANNOUNCMENT.

AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY: 1897.

Being a Yearly Digest of Scientific Progress and Authoritative Opinion in All Branches of Medicine and Surgery, Drawn from Journals, Monographs, and Text-Books, of the Leading American and Foreign Authors and Investigators. Collected and Arranged, with Critical Editorial Comments by Eminent American Specialists and Teachers, Under the General Editorial Charge of George M. Gould, M. D. One Volume of Nearly 1200 Pages, Profusely Illustrated with Numerous Wood-Cuts in Text, and Thirty-three Handsome

Half-Tone and Colored Plates. Prices: Cloth, $6.50 net; Half-Morocco, $7.50 net Philadelphia: W. B. Saunders, 925 Walnut Street; 1897.

ANOMALIES AND CURIOSITIES OF MEDICINE.

Being an Encyclopedic Collection of Rare and Extraordinary Cases, and of the Most Striking Instances of Abnormality in All Branches of Medicine and Surgery, derived from an Exhaustive Research of Medical Literature from its Origin to the Present Day, Abstracted, Classified, Annotated, and Indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D. Imperial Octavo, 968 pages, with 295 Illustrations in the Text, and 12 Half-tone and Colored Plates. Philadelphia: W. B. Saunders, 925 Walnut Street; 1897. Prices: Cloth, $6:00 net; Half Morocco, $7.00 net. Sold only by Subscription.

E. B. Treat, Publisher, New York, has in press for issuance early in 1897, the International Medical Annual; being the fifteenth yearly issue of that well-known reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science.

The publisher states that the kind reception accorded to the "Medical Annual" has rendered it possible for him to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condeising the literary matter as to confine the volume within a reasonable size, without omitting facts of practical importance.

"To those who need the condensed and well-arranged presentation of the medical advances of the past year—and this class must necessarily include all physicians—we heartily commend the 'International Medical Annual.'"

The volume will contain about 700 pages. The price will be the same as heretofore, $2.75. Full descriptive circular will be sent upon application to the publisher.

The largest business machine in the world, and its small beginnings, are described by Postmaster-General Wilson in a very interesting article on "Early Days of the American Post-Office," printed in the Washington's Birthday Number of The Youth's Companion.

There were many curious things about the postal service in the days when it cost a dollar to send a letter 400 miles, when mails went only once in three weeks, and a postmaster begged that some other person be appointed in his stead, because people disturbed his family by coming into his house to look for mail matter. Mr. Wilson tells many anecdotes of how the business of the post-office used to be conducted, and how it has grown, in this very readable and practical article in The Youth's Companion.

A VALUABLE TONIC IN NEURASTHENIA.

In 1844 Pelouse first prepared Phosphoglycerate acid, by heating glycerine at 100 degrees C. with anhydrous phosphoric acid, and in 1856 Gobley found the same acid in the yolk of an egg.

This salt is now made by digesting glycerine at 28° for six days at a temperature of 110° C., with phosphoric acid 60 per cent. The mixture allowed to cool on the seventh day, leaves a glassy transparent mass, which is then saturated with the milk of carbonate of lime. The whole is then filtered and the clear liquid exactly neutralized with lime and again filtered and precipitated at 90°. The precipitate is drained as dry as possible and dissolved in cold water, filtered and evaporated at a very low temperature. Various modifications of this general mode of manufacture have been proposed, but the Phosphoglycerate of Lime prepared by Chapoteaut process (late assistant to Pelouse) is the one generally used in dispensing. It is important in prescribing Phosphoglycerate of Lime, to insist on a chemically pure and fresh preparation, as there are numerous adulterations, especially as the Phosphoglycerates have always a tendency to decompose, however well prepared. Capsules of four grains each are the best form for internal administration, as the salt is then preserved from the action of the air.

Hypodermic injections should always be freshly prepared, as recommended by Professor Albert Robin.

The following test will easily detect impurities:

A solution of pure Phosphoglycerate of Lime (Chapoteaut) gives no precipitate with the ammonio-magnesium reagent of acetate of uranium.

It is precipitated by heat, alcohol and ether.

Nitrate of silver causes a precipitate (which is redissolved by an excess of water), also acetate of lead (soluble in acetic acid). The dry Phosphoglycerate of Lime treated with alcohol, leaves no sticky residue on evaporation of the alcohol.

The very prominent position which Phosphoglycerate of Lime and its preparations now hold in therapeutics and its undoubted value as a nerve tonic in the treatment of neurasternia, warrant physicians prescribing the pure and therapeutically active drug only.—Translated from the Tribune Medical.

Regarding sick-rom disinfection and deodorization, we

quote as follows from The American Medico-Surgical Bulletin: "'Platt's Chlorides' not only assists in purifying the atmosphere and removes unwholesome odors, but it differs greatly from many antiseptic solutions in not disseminating an unpleasant smell itself. It is said to be useful in pathological conditions of the mouth and throat."

I have used Peacock's Chionia and find it a very efficient preparation in hepatic torpor, a condition so prevalent in this region. In one case where many of the well-known remedies had been in persistent use and gave little if any benefit, Chionia combined with small doses of Culver's Root placed the patient on her feet in a few weeks, and, what is best of all, she has had none of the troubles since. J. C. BANTA, M. D.

Abrams, Wis.

Febrinol has stood the test of time as a safe and reliable substitute for morphia. Thousands of physicians from every part of the country have testified to its merits. It allays pain and fever quickly, lasts longer and gives more relief than any other remedy.

A card to Fuller & Fuller Co., Chicago, will bring samples and literature by return mail.

TWO YEAR'S CLINICAL EXPERIENCE WITH THE GOLD SOLUTIONS.

Eustathius Chancellor, M. D., St. Louis, Mo.

These products being the most powerful alteratives at command, and so little understood from a physiological standpoint, it may be of interest to classify in a brief and concise manner some clinical experiences covering some two years of experimentation. I beg leave to remark that I appreciate incredulity. I was incredulous myself and no doubt because of the great difficulty in reaching just such cases as are most benefited by arsenauro and mercauro.

Materia medica and therapeutics are well worthy the constant attention of medical practitioners, but unfortunately do not receive the notice they are justly entitled to. Time, how-

ever, will demonstrate that their place in medicine deserves far more prominence than that now given them. Two years ago we knew very little of the physiological effects of arsenauro and mercauro, but to-day we are in a position to emphatically say that they are the most powerful therapeutic agents at command, not only for their pronounced power to increase the percentage of haemo-globin in the blod, but also the number of red blood corpuscles. The surgeon says he uses no medicine, but how quickly he changes his mind when he gets a case of that dreaded disease, lymphadenoma or Billroth's disease, when he finds his knife absolutely useless, and for his patient's sake must resort to treatment by arsenic. Not knowing what preparation to choose, naturally he turns to one known as well to the laity as to himself, that of Fowler's solution, which contains an amount of spir. lavender comp., which produces excruciating pain when injected into the tissues and frequently stomachic troubles (when given by the mouth) to such extent that it has to be abandoned temporarily at least.

If he had looked into and considered the probable effect of arsenauro, 12 times weaker in arsenic than Fowler's solution, containing no free (and therefore no irritating) arsenious acid, yet producing a physiological effect sooner than Fowler's solution (arsenauro can be used hypodermically as well as by the mouth) how much better and sooner would his patient be cured.

Its effect upon the tissues is far better as it contains with it bromide of gold.

I herewith enumerate some of the special indications for arsenauro. It must be remembered that the power of arsenauro in its relation to physiological action and therapy is no different or very little when given either by the stomach or injected under the skin. A quick effect would naturally be achieved by the hypodermic medication. This would apply to tumors of the cervical region (be they tubercular or other infiltration of the glands). Such neuroses as chorea, epilepsy, neuralgia, have been marvelously cured by the use of arsenauro. Of course when given hypodermically, the object sought is not simply to escape gastric irritation, for in many hundred cases not a stomachic disturbance has been reported. It is intended hypodermically to produce some local change in the nerves of the part which was the seat of disorder, as well as to bring about some more general change in the system. As to the dosage in any case requiring arsenauro or mercauro, the amount to be given at a

time depends upon the physiological tolerance in each individual case. Some persons require only (6) six drops three times daily by the mouth for three months, others taking thirty drops three times a day for the same period of time, before permanent results are produced.

I wish to emphasize the fact that among the cases of disease requiring these solutions may be mentioned nervous affections, disorders of nutrition, glandular enlargements and tumors having the aspect of cancer or some form of malignant growth. In certain stomachal troubles, such as chronic catarrh, atrophy of the stomach glands, chronic ulcers and ulcers of the duodenum and other parts of the intestines, arsenauro greatly benefits and frequently cures. If the stomach proves irritable (and this is rare), and irritability increases with the administration of the products, the subcutaneous injection becomes a precious resource, those places about the body being selected where the connective tissue is most abundant and loose. From five to seven drops can be injected three or four times daily for a week, and then administered by the mouth for tolerance is soon established by the hypodermic use.

The neurotic affections benefited are asthma and the spasmodic element in the emphysema, the results in many cases being reached only by persistent administration. Our French colleagues have not been behind in experimentation with arsenauro in the treatment of bronchitis, emphysema and phthisis, both by stomachal and subcutaneous injection. In ordinary anaemia, especially chlorosis, arsenauro has demonstrated a remarkable curative power and especially in that form known as pernicious anaemia, which being a symptom of degenerative changes, occurring in some important part or organ, more especially one or more concerned with the blood making process.

The liver, spleen and suprarenal bodies and lymphatics coming more immediately in relation with the semi-lunar ganglion and the solar plexus are the organs more immediately concerned. Not only pernicious anaemia, but morbid states closely allied have been cured in the hands of Stucky, of Louisville; Lydston, of Chicago; Dumesnil, of St. Louis; Wight, of Brooklyn; Soniat, of New Orleans, and Wile, of Connecticut. Cases of this kind associated with such grave conditions as glandular swellings and sarcomata have been treated successfully with these products. The extreme anaemia of leucocythaemia and splenic leukaemia are other indications for their administration.

Enlarged glands from external causes as the increase in size due to malarial toxaemia, the enlarged spleen and liver are quickly cured by arsenauro. It has exceptional powers in the treatment of diseases of the skin.

Two bodies cannot occupy the same space at the same time. One must displace the other of necessity, and hence when an impression from arsenauro or mercauro begins to develop, the morbid action must and does yield in a corresponding degree. This is the principle which underlies this treatment in diseases of the skin. The dry, scaly eruptions and chronic forms of eczema, together with the specific lesions of the skin are the forms in which these solutions are particularly indicated. In acne it is well to alternate the products, giving arsenauro for six weeks, resting one week and then giving mercauro for six weeks, then leaving the patient off of any drug for two months. Frequently the acne eruption will disappear after the discontinuance of the remedies, due to the remote effect of the alteratives.

One of the most obstinate eruptions to cure is lichen rubra (Hebras disease). Here it is well to alternate with mercauro.

In psoriasis, arsenauro first increases the redness of the skin and seemingly aggravates the disease, but this symptom passes off and the patient recovers.

This is important to remember, as otherwise the drug may be stopped just at the wrong time. Pemphigus, lichen, and lepra yield to its influence in most instances.

In diabetes and pruritus vulvae it is eminently indicated.

In coryza, chronic nasal catarrh, hay fever, results are most gratifying.

The use of arsenauro alternating with mercauro in all stages of phthisis gives the most surprising results.

In gastric cancer and ulcer, arsenauro given in small doses, say three drops in water, four times a day, relieves the pain and checks the vomiting. Whenever a patient begins taking these solutions he should be cautioned to watch for any puffiness about the eyes, particularly in the morning on arising, and for slight laxity of the bowels and griping. These are signs that the patient has reached his physiological tolerance and it should be stopped for a day or more. The swelling under the eyes may spread and amount finally to a general anasarca and is due to a cellulitis at first and afterwards to a true effusion.

Rickets in children calls for a dietetic treatment, improvement in food and digestion. No part of the body fails in force

more than the digestive apparatus in the presence of this disease, probably because the alkalinity of the blood is altered and partly because the stomach cannot secrete properly formed juices from imperfectly supplied glands. No tonic is comparable with arsenauro in this condition, for really inanition is the cause of the bone salts starvation. It is now an established fact that arsenauro will abort incipient phthisis.

Numerous clinical statements from physicians who are qualified observers will attest this fact. It may be laid down as a rule that in all cases where the nutrition of the patient is not beyond repair that these solutions will produce a result never before obtained. In incipient phthisis or pulmonary consumption, I mean that very early state in which the following history is given or a similar story is elicited. A patient formerly strong and well begins to lose vivacity, life becomes a burden and exercise is distasteful. A slight daily morning or evening chill and fever develop and a physician who is careless treats the case as one of mild malarial poisoning. Examination, however, will show an area somewhere in the lung, generally near the apex on either one or both sides where slight prolongation of expiration with a harsh inspiratory sound is heard and percussion will give impaired resonance. In other words the first stage of phthisis is present and the physician must resort at once to active measures by the use of one or the other of these solutions. They seem to act by supplying vigor to the individual, removing the conditions necessary to the existence of the bacilli.

Why such remakable results should be obtained from these solutions is a matter for further investigation, but it is nevertheless a fact that all bacilli in the sputa soon disappear and the well being of the patient is readily manifested.

A distinguished physician in the south told me, "Why in three weeks I could see the increase of blood in my patient from the use of these wonderful alteratives."

The combinations of bromide of gold with bromide of arsenic and bromide of mercury in an aqueous solution, made by the Charles Roome Parmele Company, of New York, are certainly elegant preparations. Seemingly they are expensive, but in reality they are not. Most patients will take ten drops three times a day, which cost them six cents a day or about two dollars per month.

How many physicians or surgeons are aware of the fact that 1-20 of a grain of bromide of gold is equal in effect to thirty

grains of bromide of potassium or sodium, these gold solutions containing in each ten drops, 1-32 grain of the bromide of each of the metals, gold, arsenic and mercury.

Goubert has brought forward bromide of gold as a remedy for epilepsy, and the reports on its efficiency are a remarkable testimony to its success. It is asserted of arsenauro (and is true) that it causes no depression, but stimulation of the sexual functions of both sexes. This seemingly is due to its powerful red blood producing power in the cerebro-spinal system.

There are two classes of cases which are denominated chronic that present themselves for treatment to the medical practitioner, that is they belong to one of two classes.

Either neurotic, viz.: vaso-motor, which manifests itself as neurasthenia, chorea, nervous prostration, migraine, chlorosis, anaemia, melancholia, hysteria, epilepsy, etc., etc., or else they are syphilitic and the manifestation may be rheumatism, iritis, irido-chorioiditis, periostitis, locomotor ataxia, hemiplegia, cirrhosis of the liver, etc., etc.

If they are neurotic (vaso-motor), then arsenauro is indicated.

If specific, or there exists a deposit of connective tissues other than from traumatic causes, then mercauro is indicated.

The lady who presents herself giving a history of having had the grippe and seemingly never having recovered as she had vague pains, is troubled with lassitude, insomnia, appetite capricious, is subject to cold, has cold hands and feet, with the blue veins showing prominently under the skin, is the type of a vaso-motor perturbation.

The entire nervous system is at fault. Let the skeptic put such a case on arsenauro and keep her upon it for six weeks, examining the blood microscopically when beginning the medication, and just as fairly examine the blood at the end of six weeks. The result makes him an enthusiast, whereas he did not previously believe in any medication.

Concluded next month.

The Woman's Medical Journal.

VOL. VI. MARCH, 1897. No. 3.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.

Julia A. Carpenter, M. D. ..... Cincinnati, O.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager

ORIGINAL.

MEDICO-LEGAL POINTS IN THE MAYBRICK CASE.*

By Harriette C. Keatinge, M. D, Sci. D., New York.

THE trial of Florence Maybrick in Liverpool, in August, 1889, for poisoning her husband with arsenic, was one of the most remarkable of this century, both from a medical as well as a legal standpoint. The condensed paper I give on the case, is presented with the view of arousing discussion among our members and the medical and legal world at large, and I have made my statements as brief as possible, for this reason. It will be sufficient for me to state, that Mrs. Maybrick was of an excellent family; she married an Englishman of twice her own age, and went to Liverpool to live. She became the mother of two children, to whom she was devoted. Mr. Maybrick was a well-known "man about town" and noted for his love of fast horses and fast women, as well as a confirmed arsenic eater. It is only natural that they should live together unhappily, as it was well known he abused her. He had been in poor health for a long time and resorted to stimulants besides strychnine and arsenic as tonics.

*Read before the Medico Legal Society October 7, 1896. (From advance Sheets Medico Legal Journal.)

On April 27, 1889, Mr. Maybrick went to the Wirral races, on horseback. He was caught in a rain storm, which wet him through, but he did not take the trouble to change his clothing. He staid out late that evening, driving with his friends. The next day he was taken with a chill, and his wife sent for Dr. Humphreys, and later on sent for Dr. Carter. Mr. Maybrick died on May 11th. During his sickness, his symptoms were vomiting, pain and burning in the stomach and bowels, thirst and great prostration. His physicians gave him during his fatal illness, the following drugs as medicines: Sulphonal, cocaine, bismuth (double doses), nitro-glycerine, phosphoric acid, casava, Plumbers' pills, containing antimony and calomel, prussic acid, bromide of potassium, tincture hyoscyamus, tincture henbane, antipyrine, jaborandi, chlorine, morphine, Fowler's solution of arsenic, bismuth and opium suppositories. He was attended during his illness by several physicians, who consulted together and decided that his sickness and death "was caused by some grave indiscretion of diet away from home."

Mr. Maybrick died at 8:40 p. m., May 11th. On the morning of that day Mrs. Maybrick fell into a speechless swoon, and remained so for forty-eight hours, and was entirely prostrate from this time. (May 11th to 18th.) Immediately after the death of Mr. Maybrick, Mrs. Maybrick was charged by the police with having murdered her husband by administering doses of arsenic to him—this charge being made on the suspicions of two brothers of Mr. Maybrick.

Search was made for arsenic in the house and a sufficient quantity was found to poison fifty men—all of it was found in Mr. Maybrick's rooms and belongings (it was proven at the trial that Mr. Maybrick had purchased 150 grains of arsenic about three months before his death.)

On May 14th, four days after her husband's death, Mrs. Maybrick while still prostrated was arrested for murder.

Police were posted at her door and a coroner's inquest commenced—no person was allowed to see Mrs. Maybrick alone or attempt to speak to her.

May 18th the magistrate charged her with having administered poison to her husband and she was taken from her bed to Walton gaol—accompanied by Dr. Humphrey and a nurse—all this was done before a post-mortem examination was held, and upon the bare suspicion of two brothers of her husband, who were known to be her bitter enemies. On June 5th (twenty-four

days after death), the adjourned inquest was held, Mrs. Maybrick's counsel saying, "before going further in the case, we would have some evidence as to the cause of death." June 6th inquest resumed.

Mrs. Maybrick was not allowed to be present. Mr. Davis, the analyst, reported the result of his analysis—to be 1-50th grain of arsenic found in the liver. Nothing in the stomach or its contents, and traces not weighable in the intestines. Mrs. Maybrick was then brought in and committed for trial on the charge of wilful murder.

On June 13th she was brought before the magistrate and for the first time heard the evidence against her. The trial took eight days, the last two were entirely devoted to the summing up of the Judge—Mr. Justice Stephens.

The two great points necessary for us to consider are these: 1st, did James Maybrick die of poisoning? If so—2nd, was it administered by his wife?

I will condense the evidence for the crown under two heads —the witnesses who gave evidence as to the cause of death on behalf of the crown, were Dr. Humphrey, Dr. Carter, Dr. Stevenson and Dr. Barron. Their principal subsidiary witness was Dr. Davis, analyst. Of these witnesses Drs. Carter and Stevenson swore they believed the deceased died of arsenic.

Dr. Humphrey (the physician first called in by Mrs. Maybrick), thought it possible, but was not sure. Dr. Barron thought the cause of death very doubtful and did not apparently regard arsenic as even the most probable cause. Drs. Lidy and McNamara, who were called as witnesses for the prisoner, gave a decided opinion that the cause of death was not arsenical poisoning. While Dr. Paul agreed with Dr. Barron in declining to give a positive opinion either way. Dr. Paul (declared by the London Times to be the greatest authority on the effect of various poisons) testified, "I have made and assisted at some three thousand post-mortem examinations." He declined to give any positive opinion either way. Dr. Barron, Pathologist to the Royal Infirmary, testified afterwards, that death, in his opinion, was due to the acute inflammation of the stomach, caused by some irritant poison, which sausage, fish, mushrooms, etc., might contain, and that the 1-50th grain found in the liver might have been taken in mere medicinal doses. Dr. Forbes Winslow stated that 21 irritant poisons had been administered to Mr. Maybrick, within six days previous to his death.

In comparing the evidence, it is to be noted—First, That neither Dr. Humphreys nor Dr. Carter had any experience of fatal cases of arsenical poisoning.

Second—That neither of them suspected arsenical poisoning (or any other kind of poisoning) during their attendance on Mr. Maybrick nor after his death, until the accusation was made against the prisoner by Michael Maybrick (brother of the deceased), who based his suspicions on matters quite independent of any symptoms in Mr. Maybrick's illness.

Third—That after accepting Mr. Maybrick's charge, they expected to find more arsenic in the body than was actually found, owing to which circumstance an exhumination became necessary, notwithstanding their post-mortem examination.

Fourth—The conclusion of Drs. Carter and Stevenson cannot be substantiated or worked out as to a fatal dose of arsenic having been given, from the figures given by the analyst or even from those given by Dr. Stevenson himself.

Fifth—That at the time when the crown medical witnesses were examined, no evidence had been given of Mr. Maybrick's habit of arsenic eating, and that Dr. Stevenson expressly based his opinion on finding arsenic in the body (we know that arsenic would of course be found in the body of a habitual arsenic taker, whatever the cause of death might be) on the accusation of the brother.

The total amount of arsenic found in the body, weighed by Mr. Davis, the analyst, was 1-50th of a grain of white arsenic in 6 ounces of liver, and by Dr. Stevenson 26-1000 to 27-1000 of a grain in 4 ounces of liver, by one process, and 46-1000 of a grain in 8 ounces of the liver by a different process.

Mr. Davis estimated that there was 1-100th of a grain in 4 ounces of the kidneys, but failed to discover anything but faint traces in the intestines. In most parts of the body and in the contents of the stomach and bowels as well as in the excreta examined by Dr. Humphrey two days before death, there was no arsenic found.

All the evidence, moreover, went to negative any rapid eliminations of arsenic from the body for several days before his death. The symptoms of his illness I have briefly described. It is to be noted here, however:

First—That Mr. Maybrick ascribed the commencement of his illness (April 27th) to an overdose of strychnine which he had taken to "tone him up."

Second—That no arsenic was found in anything that contained strychnine or Nux Vomica, so that he could hardly have ascribed to the latter, effects due to the former.

Third—That during the progress of his illness, Dr. Humphrey administered arsenic and considered its results beneficial, but Mrs. Maybrick stopped the administration of it, because her husband complained that it caused a burning in his throat.

If Fowler's solution of arsenic had been given him, it might account for all the arsenic in the liver. We know it is a common tonic, prescribed by physicians. It contains half a grain of arsenious acid or oxide to the drachm; this is about 60 drops. If a patient should take a ten-drop dose he would get one-twelfth (1-12th) of a grain of arsenic. It is usually given in from four to ten drop doses, three times a day.

If ten thousand lives had been depending upon the result of the analysis, greater care could not have been given by those scientific men who made it, and with all the tests known to toxicologists, they did not find but 1-50th of a grain; in addition, one chemist thought if he could have analyzed the whole liver, he might have discovered the 1-10th of a grain possibly. From our standpoint, we are not sure that any arsenic was found.

"Marsh's and Reinsch's tests for arsenic have been considered the crucial tests for these poisons and our text books so state, but recent discoveries prove that the same octahedral crystals, which State chemists have sworn to consist of arsenic, after examination under the microscope, can be produced from antimony and not withstanding all the teachings of toxicology and chemistry the octahedral crystals are not conclusive evidence of arsenic." (Vide Medico-Legal Journal, June, '96.)

Mr. Davis, the analyst, said that there was so much bismuth in the body that it made the analysis most difficult. As Mr. Maybrick's physicians gave him antimony, is it not possible that the little arsenic found (the octahedral crystals), might have been antimony instead of arsenic?

Mr. Charles Blake, expert assistant of William B. Nathan, manufacturing chemist and patentee, swore, that in February, 1889, about three months before Mr. Maybrick's death, he sold him 150 grains of white arsenic and two kinds of black arsenic, in three separate packages, and on cautioning Mr. Maybrick on its use, he replied, "what is one man's poison is another man's meat—I take it when I can get it." This large purchase ac-

counts for the quantity of arsenic found in Mr. Maybrick's apartment, some in his hat box, in his trunk, his linen closet and principally in the dressing room used as a separate room by him.

No arsenic was found in any place especially used by his wife. All the arsenic discovered in Mr. Maybrick's belongings and places were open to Mr. Maybrick's brothers at all times and for 86 hours before and after it was said to have been found, was completely under the control of his brothers, nurses and servants.

Mr. A. Wynter Blyth in his last edition on "Poisons, Their Effects and Detection," has inserted a synopsis of the Maybrick case; and it is possible that it may have been prepared by another person, without careful investigation, at least, if not prejudice. I feel it necesasry to take up the most important points in his statements and analysis before going further.

He begins by saying "the Maybrick case may be considered as an example of poisoning extending over a considerable time." We firmly believe that if Mr. Maybrick's death was caused by arsenic poisoning, it was the result of small or large doses that had been taken by him for a long time before his decease, which impaired his system to such a degree that his sickness ushered in by the chill proved fatal.

He says "the marriage was an unhappy one," and again, "that Mrs. Maybrick purchased fly paper which contained arsenic, and these papers were found soaking in a basin, which was carefully covered, in her room, by a servant."

First—Under the circumstances in which they lived—such a marriage could not be anything but a very unhappy one for his wife.

Second—Because she purchased fly-paper which contained arsenic (I believe most of them do), it does not follow that these facts are any reason why she should be suspected of giving her husband arsenic. Why should she go to the trouble and risk of purchasing fly-paper, and extracting the arsenic for the purpose of poisoning her husband, when there was an abundance in the house open to her at any time?

Mr. Blyth does not mention any diarroea until two days before Mr. Maybrick died, and says: "Now arsenic was suspected by his physicians." In Dr. Humphrey's sworn statement he testified that he examined the excreta two or three days before death and no trace of arsenic was found. Mr. Blyth describes

Continued on page 70.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor, Women's Medical Journal, Toledo, Ohio.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations furnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in *The Woman's Medical Journal* will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

EDITORIAL.

PRESENT CONDITIONS.

SOME one has said that if Dante were alive to-day, in this age of writing, he would people his Inferno with the literary people who think they think. And the editor in desperate moments would also consign to the same retreat those who think they write.

We feel sure of developing a bond of sympathy with our co-laborers in the field of medicine, but on the whole we think that we have the advantage of our brothers in possessing a more cultured clientele. The women of the profession, as well as the women outside of it, have been subdued so many centuries that they are not yet released from the customs of the ages, hence do not break into voice as spontaneously as do their brothers—for which we duly congratulate ourselves.

Whence this unseemly outburst?

'Tis this: Every medical journal that aspires to a high altitude (and who does not?) is willing, nay, anxious to hold out a helping hand to lead women onward to greater heights, to more glory, and generously offers pages, quires, reams of advice as to the proper method of mounting the ideal pedestal

which he plans for us; and should we hesitate about leaving the quagmire of mediocrity which we are said to be in; should we show any desire for the fish pots of bondage, we are mean, ungrateful wretches—but then, "what is the use of trying to do anything with a woman?"—the obstinate creature—angel in body, perhaps, but mulish at heart. If we respectfully decline any of the so-called advice, all the above remarks, with variations in the vocabulary according to the personnel of the author; all this is hurled at our benighted heads.

As a matter of fact, women in medicine are doing very nicely, thank you, and are getting on quite comfortably.

A careful survey of the field both at home and abroad will indicate the dawn of an era of prosperity for women; for men as well as women are realizing that a woman who is honest, earnest and sympathetic is fine material from which to receive medical succor.

Reports show that the few women who have been appointed to office have administered their affairs with discretion, tact and success. They have been, as a rule, trustworthy, conscientious and indefatigable, and this means that more women will be asked to serve officially.

Women in medicine are here to stay, and, staying, will demonstrate that their ways are good ways.

ABCESS OF KIDNEY.

At a recent meeting of the New York Pathological Society Dr. Martha Wollstein presented specimens taken from a married woman, twenty-nine years of age, who had been a patient in the New York Infirmary for Women and Children. The woman had had two children. The first symptoms of her last illness developed one week after the second confinement, and four months before her death. After exposure to cold, the feet and ankles began to swell, and one week later anorexia, diarrhoea, and vomiting were present. The oedema then spread very rapidly, and soon culminated in a general anasarea. After three weeks of treatment in the hospital the oedema all disappeared. The youngest child died shortly after this, and the mother's symptoms almost immediately returned, probably as

a result of exposure to cold. There were symptoms indicative of pneumonia—a temperature of 101° F., respirations 36, pulse 120, although during the month she was in the infirmary the temperature did not exceed 100° F. The oedema was the most marked symptom, and was quite general. There was fluid in the peritoneal and pleural cavities. The urine was pale, and had a specific gravity of 1.018, and contained much albumin and some leucocytes, with epithelial and granular casts. There was no uraemia. At the autopsy it was found that the pleural cavities contained about three pints of fluid. There was no pleurisy. There were some red hepatization in the right lower lobe and marked oedema of both. The heart was practically normal. There was a typical nutmeg liver. A large quantity of fluid was found in the peritoneal cavity. The spleen was soft, friable, and congested. The stomach and intestines were normal. The right kidney showed the typical appearance of the large white kidney. In the upper part was a depressed yellowish cicatrix measuring about half an inch. The left kidney was very adherent, and it was much smaller than the right. Only about one-third of the organ was true kidney tissue, the remaining portion having been converted into cheesy matter. This was stained for tubercle bacilli, but none were found. Both ureters were patent. The bladder showed chronic cystitis, especially around the trigone. The uterus was normal, and in a state of hyperinvolution. The tubes and ovaries were normal.

The interesting points in the case were: (1) The absence of symptoms of cystitis throughout the entire illness; (2) the relative age of the lesions; and (3) the absolute age of both lesions.

In the discussion which followed the presentation, Dr. Mary Putnam Jacobi said that in view of the cystitis it was possible that the abscess of the kidney might have been due to an ascending process from the bladder, prior to the last confinement. She thought that this was the case, and that it explained why the overworked right kidney had been so susceptible to cold. It was unfortunate that no examination of the ureters had been made during life. The absence of pus in the urine would seem to show that nothing had been discharged from the left kidney for a long time.

MEDICO-LEGAL POINTS IN THE MAYBRICK CASE.

Continued from page 66.

the post-mortem appearance of the mouth, throat, stomach and intestines and states that "no arsenic was found in the stomach or its contents, or in the spleen." (If poisoned by arsenic recently given and no diarrhoea until two days before death, why was it not found?

Mr. Blyth sums up this part of the case by the statement that "the whole course of the post-mortem showed that the deceased died from an irritant poison, and from the fact of a small quantity of arsenic being found in the body, there could be little doubt but that the irritant poison was arsenic, although the symptoms were somewhat anomalous" (a most remarkable statement for a man to make who is not only scientific but considers himself an authority on poison.) He does not say one word about the previous life and habits of the deceased. We can hardly understand why he makes no reference to Mr. Maybrick's habit of taking arsenic or purchasing it in large quantities.

To quote again from Mr. B.'s work, he says: "On the night of either May 9th or 10th, Mrs. Maybrick was observed to remove from the table an open bottle of 'Valentine's Meat Juice,' and take it with her to her dressing-room, and then replace it. In replacing it, she was observed to take it from her dressing gown or from an inner pocket." It is remarkable that Mr. Blyth should consider the bottle of meat juice as important evidence, as both the judge and counsel for the crown did not attribute the death to the meat juice and no one who has read the evidence would consider it a factor in the case. Any one at all familiar with the evidence in this case knows that arsenic was found all over the house wherever Maybrick went. Three times 14 articles would be under, rather than over the number.

He is silent as to the 150 grains purchased by Mr. Maybrick and cabinets of bottles, containing arsenic, were everywhere in that house.

He then proceeds to enumerate some of the articles which showed traces more or less of arsenic.

It was a well established fact that Mrs. Maybrick was in the daily habit of using various cosmetics containing arsenic. The greater number of these in the market contain poison. They are used more or less by most society women—and no

doubt if their clothing, handkerchiefs, etc., could be tested as those belonging to Mrs. Maybrick, more traces of arsenic could be found—and we believe if arsenic was found as he states in her clothing, it can be accounted for in this way. It is most unreasonable to suppose she would use a preparation marked "for cats" or "fly-paper" or any other mixture to poison her husband, when there was enough in the house to poison fifty men—at her disposal—of which she could have appropriated enough without exciting any suspicion or running any risk. The question may me asked here—why were not the brothers and servants suspected as well as his wife?

Does it follow, or is it conclusive, that because he ill-treated her, or that she wrote a letter to an admirer, or even went to London to meet a gentleman friend, that she committed murder?

There certainly were other ways to rid herself from an adulterous and dissipated husband, besides running a risk of being hanged.

The judge in his charge not only admitted, but avowed that none of the arsenic could be traced to Mrs. Maybrick's possession or procuring, and that it was especially accessible to his brothers, friends, nurses and servants.

The most remarkable thing in connection with this case is that such a small quantity of arsenic was found in the body of a man who for years had been an arsenic eater. While this is not considered an accumulative poison and is supposed to be eliminated from the system, still it is a well established fact that a certain portion of it does remain in the body and locates itself principally in the kidneys and liver. We know that arsenic is like morphine in one respect—it is taken at first in minute doses—but to get its effects, those who use it must constantly increase the quantity taken, until the system will bear enough to kill a half dozen persons who are not accustomed to its use. Two and a half grains of arsenic may be considered a fatal dose, and death usually occurs in from 24 to 48 hours. The members of the medical profession present (and possibly those of the legal), are familiar with the symptoms of arsenic poisoning as well as those of gastro-enteritis, and they know it is very difficult to diagnose between them—if they exclude any suspicious circumstances, make no analysis before death, a post-mortem is often necessary to prove the difference.

The mucous membrane of the stomach must have been in a state of chronic irritation caused by these drugs, and when he

went to the races (already feeling unwell) and was caught in a storm wetting him to the skin, we know the most probable thing afterwards to happen him would be a chill, and this did happen the next morning and was the beginning of his fatal illness—exposure to cold, chilling the surface of the body often promptly induces hyperemia of the gastro-intestinal mucous membrane and causes the first stage of gastro-enteritis. Physicians know this disease is usually preceded by a chill, and the symptoms of poisoning by arsenic is not. The tongue, mouth and throat are dry, often diarrhoea, burning pain and painful emesis, intense thirst and nausea are all symptoms alike in gastro-enteritis as well as poisoning by arsenic.

Mr. Maybrick's previous life of dissipation and indulgence in the use of arsenic and strychnine as tonics, had made him more than liable to gastric trouble.

In gastro-enterites the patient lives as a rule several days—or possibly weeks. In poisoning by arsenic the prostration is greater and the patient rapidly passes into a collapsed state and death follows.

Now, we ask the question—What caused the death of Mr. Maybrick?

His wife was tried and sentenced to death for poisoning him with arsenic—where was the arsenic she was supposed to have given him?

The charge of a judge which was calculated to influence a jury composed of bakers, plumbers and laborers, to whom most of the evidence must have been unintelligible, and whose exceedingly limited education made it utterly impossible for them to understand the most important scientific points in the testimony, easily accounts for the verdict. Pending the application to the home secretary for review of the case, four of the ablest counsel of the United Kingdom, namely, Sir Charles Russell (now Chief Justice), Fletcher Moulton, u. c., Mr. Poland, u. c., and Mr. McDougald were employed to review the testimony and to determine whether the evidence justified the verdict. Their decision was in favor—absolutely of the unhappy woman—and every member of the bar present at the assizes signed a memorial in her favor.

The Home Secretary (Matthews) after carefully reviewing the evidence, officially announced with the concurrence of the judge, "that this does not wholly exclude a reasonable doubt whether the man's death was in fact caused by the administra-

tion of arsenic," and the death sentence was therefore commuted to imprisonment for life.

It seems that the first point necessary to have been solved by judge and jury was—did Mr. Maybrick die from arsenical poisoning? From the testimony of the Toxicological experts—the evidence of the witnesses and the medical men in attendance and others examined, this point was far from being proven. On the contrary, from a close study of the evidence, it does not appear that his death was caused by arsenic recently taken or given, but was the inevitable result of a life of dissipation. His long habit of toning himself with "pick-me-up-bitters" (arsenic and strychnine), rendered him susceptible to any change in diet and atmosphere, and when he was taken with a chill, followed by fever, pain and vomiting, every attention was given him, but notwithstanding the 21 drugs given him by his physicians, he died fifteen days afterwards.

I wish to ask the medical profession what their diagnoses would have been or would be, if called into a patient with such a history and such symptoms, even if the analyst should find one-fiftieth grain of arsenic in the liver? We know if it is taken in the solid or powdered form, portions of it may be found imbedded in the thick mucous which adheres to the inner surface of the stomach, that is rapidly absorbed and may be detected after death in all the tissues of the body. It is not reasonable to suppose that the one-fiftieth grain found in the liver was the remains of a portion Mr. Maybrick may have taken weeks or even months before he was taken fatally ill, or it might have been a deposit from the Fowler's solution given him by his physician? All the judge and jury had to substantiate or influence them in deciding his death was caused by arsenical poisoning, was the one-fiftieth grain found by the analyst's astounding decision—beyond the comprehension of toxicologists and chemists of to-day.

There is not a case on record of the death of an adult being caused by the infinitesimal quantity here found.

Judges, juries, doctors and laity have no right to speculate on these vital questions; they have only to deal with scientific facts.

It may be truly said that Mr. and Mrs. Maybrick lived unhappily together, that he was jealous of her (with or without reason), that she was a young, possibly careless and thoughtless woman, and by her conduct laid her actions open to severe criti-

cism, but as far as I have been able to study facts, nothing criminal was proven against her.

Mrs. Maybrick was not on trial for any sin or crime but that of poisoning her husband, and we believe her innocent of murder. The public should have no criticisms to make and have nothing to do with any question but this: Did Mr. Maybrick die from arsenical poison? If he did, who administered it and why was it not found by the analyst?

Both these propositions must be established beyond reasonable doubt by undoubted evidence and before a conviction could be justified. The evidence in this case does not support the verdict of the jury.

THE DRIFT OF MEDICAL CHARITY.

In a recent issue of the Medical Record we find the following correspondence, which fully explains itself. Dr. Helen Murphy, of Philadelphia, writes as follows:

Sir: Much is being written and more said at the present time about the abuse of medical charities; but if any rational, radical, or consistent measures have been adopted by any institution for weeding out the well-to-do from among its beneficiaries in consequence of these indignant ebullitions, the fact has failed to reach us. Occasionally some tired clinician, who has not availed himself of the opportunity of relieving his irritation in print, and who is trespassing on his own office hours in order to accomplish the treatment of some fashionably attired hospital patient, will visit his wrath on the head of his surprised and aggrieved victim. But the next day he recollects that he is in danger of his colleague's clinic running ahead of his own, so the silks and velvets are greeted with gracious smiles.

The physician with an established practice can view the present condition of affairs with the equanimity of a Calvinistic divine in the presence of original sin. It is to be thundered aganst, of course, but then it's the other fellow who is responsible for it. The young practitioner, who is the only sufferer, is bound hand and foot. Not only does his chief hold him responsible for any falling off in the attendance, but the greatest of all

the hospital commandments is, "No clinical assistant shall refer patients to his own office;" and woe to the man who is caught in the act. It were better for that man if a Penrose investigating committee had its foot on his neck. The well-to-do patient has taken in the situation and, with his thumbs in his armholes, inquires, "Well, what are you going to do about it? If you don't choose to treat me there are plenty of hospitals that will."

If the present order of things is to be changed, it takes neither a prophet nor the son of a prophet to see that it is not the members of the medical profession who are going to bring the change about. Neither does it require any special gift of foresight to see that the ancient order of things will never be re-established. There are broader and profounder causes at work than professional and institutional rivalries and jealousies to account for the changed character of the hospital clientele, ones with which the closest corporation of physicians and surgeons could fight only a losing battle. There are signs written large which show that the free hospital and dispensary is soon to stand side by side with the free school, the free library, free pleasure grounds, and our other socialistic institutions. Many of our hospitals are already supported by the State and others largely subsidized, and there is a growing class which demands free treatment as a political right without any sense whatever of pauperization. An interne in one of our hospitals which carries on a large outpractice was called out to see a patient for some very trifling cause, and the woman was told that the next time she sent there would be no response. "You are paid by the State and you have to come when I send for you," was the reply. How many times in a month is a doctor thanked for his services? Occasionally a grateful patient offers a small fee. "There, doctor," said a woman as she pressed a dime in her physician's hand, "that is for you. 'Tain't for the hospital; I want you to keep it yourself. You deserve it for all you've done for me." But these occasions are rare. The patient thinks you are well paid by the experience he affords you, and he walks off with his self-respect and self-complacency intact.

If you ask the bank clerk and traveling salesman and the would-be lady in furs and feathers why they come to the hospital instead of going to a doctor's office, they tell you it is because they want the best treatment. They know if their case is a serious one they will have a free consultation over it of the

leading specialists. It seems to be only the class for whom dispensaries were originally intended who still have any prejudice against them. "There, honey," said an old colored aunty as she handed out a quarter, "that's all yo're goin' ter git. If I could affo'd to pay mo' I'd have a doctah." "Does yez thenk Oi'd come to tin-cint docthors ef Oi hed the money to pay betther ones?" asked an irate daughter of Erin. Ignorant foreigners, used to the summary methods of their native institutions, imagine that you look upon them merely as interesting subjects of scientific experiment, including vivisection, and will often suffer long before they will take advantage of the aid provided. It is the keen and thrifty native who appreciates the advantages of hospital treatment, or that other class who, in the struggle to keep up an "appearance," have to choose between the doctor's and the milliner's bill.

But while it is easy to see whither the public and the hospital are both tending, it is not so easy to say what is to become of the thousands of physicians who are being turned out yearly from our colleges and universities. That salaries will have to be provided ultimately in every branch of the hospital service is a statement that admits of no denial. But co-operation and concentration in medical work, as elsewhere, means a reduction in the number of laborers, and the increasing army of the unemployed here have the same privilege as the twenty-five hundred starving physicians of Paris.

Medical charity is not a question that can be solved by itself. It is part and parcel of a larger problem at which the whole of civilized humanity is working just now. But one cannot help speculating how philanthropic old ladies and ambitious testators, with their traditional ideals of amelioration, will feel when they begin to realize what radical social tendencies are being fed by their self-denials and intended benefactions. Would it not be well to suggest to some of them that they divert a part of the funds into endowing a Home for Indigent and Indignant Physicians and Surgeons or into founding a Society for the Suppression of Medical Students?

HELEN MURPHY, M. D.

Philadelphia, March 14, 1896.

A SURGICAL CLINIC.

SCENE SKIN GRAFTING.

Dr. Marie J. Mergler,
Head Physician and Surgeon,
Mary Thompson Hospital,
Chicago.

SURGERY.

REPORT OF TWO CASES OF EXTENSIVE SKIN-GRAFTING IN THE SURGICAL CLINIC OF THE MARY THOMPSON HOSPITAL,

By Marie J Mergler, M. D., Head Physician and Surgeon.

CASE 1. AMPUTATION OF THE MAMMARY GLAND AND SKINGRAFTING.

MRS. F.; age 54; widow 9 years, applied for examination with the following history:

About seven years ago she noticed an eruption around the nipple, which had been pronounced by several physicians eczema and treated for same, without any satisfactory results.

About eight months ago she noticed an induration beneath the nipple. The whole surface—a radius of about one and one-half inches—presenting an excoriated appearance, a portion of which was covered with a thick, black scab. The indurated portion beneath this was not freely movable, causing some pain on examination. Diagnosis: Carcinoma of the breast. Amputation of the breast was advised, to which the patient readily consented.

Operation May 10.

Amputation of the breast, removal of adipose tissue and lymphatic glands extending into the axillary space, between the pectoralis — major and minor — and the supra clavicular region, followed by skingrafting by Tiersch's method to cover the defect. Assistants, Dr. Bertha Bush and house staff.

Grafting was done immediately after the operation. The pectoral muscles were rendered as clean as possible—fascia and adipose tissue surfaces cleansed with normal salt solution. Upper and inner angles of wounds were approximated by a few deep and alternately superficial sutures—a small rubber drain placed beneath the axillary flap; this portion of the wound dressed with iodoform gauze.

All hemorrhage on the open surfaces was arrested by making firm compression with sterilized gauze. During this time, strips of the skingrafts were being prepared and trans-

ferred directly from the razor to the surface of the wound, the edges of these grafts coming into close contact, but not overlapping each other.

Subsequent dressing was the usual dressing for Tiersch's grafts:

1. Narrow strips of sterilized rubber tissue, directly on grafts, crossing each other so as to leave small openings.

2. Compress of cotton squeezed from salt solution.

3. A piece of rubber tissue large enough to cover wounds outside of the cotton compress.

4. A layer of dry sterilized cotton.

5. A ten-inch muslin breast binder, with shoulder straps snugly adjusted.

Redressings on 2nd, 3d, 4th, 5th, 6th, 7th and 8th days as follows:

1. Irrigation with warm, sterilized salt solution,thestrips of rubber tissue being very carefully lifted from the grafts to avoid sliding.

2. Careful removal of any softened graft or sloughing epithelium, and drainage of minute blood clots, etc., under grafts.

3. Drying of wound and re-covering with dressing of same kind as the primary dressing.

The drainage tube was removed about a week after the operation. With the exception of a very slight suppuration in the area of this tube, the grafts took; the few defective areas being again covered with grafts. A few granulating points were treated with the solid nitrate of silver. The entire area was soon covered with epithelium from the surrounding grafts.

Patient left the hospital June 19—the grafted surfaces being nearly on a level with the surrounding skin.

CASE II.

Extensive scalds of the third degree on the posterior surface of both legs, and inner surface of the right thigh.

Previous history: Mrs. A.; age 65; has never been strong. For many years she has been afflicted with petit mal, which since the establishment of the menopause have developed into severe epileptic seizures.

She applied for admission to the Hospital October 7, '96—on account of the extensive scalds.

Present history: September 28, being engaged in domestic

duties, while attempting to lift a kettle of hot soup, she was seized with a convulsion. Losing consciousnes, she fell upon the floor, drawing the kettle of soup toward her. She lay there probably for two hours, until one of the family came in and attempted to make her comfortable. The patient states that the skin adhered to her stockings and was removed in part with them.

She did not consult a physician at that time, and dressed the wounds with oil and cotton.

When she entered the Hospital October 6, she presented extensive scalds of the third degree on the posterior surface of both legs—including the heels below and extending to the popliteal space above; both wounds measured in the centre four inches transversely.

On the right leg, the tendo Achilles was exposed and its superficial fibres destroyed.

A scald wound on the inner surface of the right thigh measured about three by five inches.

The wounds on the legs prevented extensive sloughs; all wounds were suppurating, and the patient had the constitutional symptoms of pus-absorption—foetid breath, chills, irregular rise of temperature and a very feeble pulse, and some sweats. On admission the record showed temperature 102; pulse, 88; resp., 24.

Elimination from bowels and kidneys was imperfect. The pain was quite severe—especially during the dressing of the wounds.

The dressings consisted first of a 2 per cent. sol. of boric acid, but different dressings were tried with the hopes of giving more relief. The use of sterilized water for irrigation followed by the application of a 10 per cent. icthyol ointment was finally adopted as the most satisfactory.

A perfect aseptic condition of all the wounds was at last maintained and was speedily followed by the formation of a covering with thick, firm, clean granulation.

November 11, the patient was put under ether, and skin grafts by Tiersch's method were applied.

The wounds in turn and their surrounding skin were scrubbed and cleaned in the usual way. Then the softer superficial granulations were scraped off with the spoon curette; the bleeding arrested by pressure with pads saturated with a normal salt solution and the vascular bed covered with long, thin

strips of skin, taken from the arms of four young men, who volunteered this contribution. The subsequent dressing was the usual one of a lattice work of strips of protective thin compresses of cotton moistened with salt solution—gauze, dry cotton and all retained in place by a snug roller bandage.

When the wound was examined four days later, the grafts, with the exception of a few small islets, were firmly adherent.

The wound remained aseptic for ten days, when again some pus appeared, which somewhat retarded the healing. Loretine ointment was tried, but the icthyol ointment was resumed—this being much more comfortable, and it also seemed to control the suppuration more readily.

When the patient left the Hospital, January 15th, the wounds were completely covered with healthy skin. A slight stiffness in the tendo Achilles yielded to passive exercise, and the general condition of the patient was much better than when the accident occurred.

In this operation also Dr. Bertha Bush kindly assisted in preparing and cutting the grafts.

MARIE J. MERGLER, M. D.

34 Washington St., Chicago.

WOMAN ARMY SURGEON.

The recent application of a woman for a pension as surgeon to the United States Volunteers during the civil war recalls the case of "Sir James" Barry who died July 25, 1865, then on the retired list of the British navy as senior inspector general of the medical department. At 18 "Sir James" became a hospital assistant in 1813, and two years later was made assistant surgeon. She rose to inspector general in 1858 and retired on half pay in 1859. On her death in 1865 it was found that the late inspector general was a woman. The landlady in whose lodgings she had lived for years, and her black servant were equally ignorant of the fact. Lord Albemarle, in 1819, described her as "the most skilful of physicians and the most wayward of men." She (Notes and Queries) had then the appearance of a beardless Scotch lad with reddish hair and high cheek bones. Her style of conversation was decidedly superior. She fought a duel with an officer who told her she ought to wear skirts. Like many other women she probably adopted male attire as the best means of securing success in a career for which she had a predilection.—Med. Standard.

DIETETICS.

Edited by Frances Rutherford, M. D, Grand Rapids, Mich.

INFANT'S DIETARY—A VALUABLE ADDITION.

(Concluded.)

mixed with equal parts of Somatose water in the proportion of 2 gm. of the latter to 1-2 litre of the mixture in quantities of a tablespoonful, and also Somatose soup.

In acute dyspepsia in infants we administered calomel, and cow's milk with Somatose solution, in the proportion of 1:3, every three to four hours. If violent vomiting was present, the cold Somatose solution alone was given on the first day in teaspoonful doses. Under this treatment the vomiting soon ceased, and on the second or third day, as a rule, the stools were again normal, so that the children could be placed upon their ordinary food. The little patients rapidly recovered from their digestive disorders, so that soon we were able to observe increases of weight of 30 to 40 and even 50 grammes pro die.

Aside from calomel, no other medicament was administered in these cases. In general we avoided administration of drugs in all cases in which there was disease of the digestive apparatus, and confined ourselves to the use of Somatose, in order to obtain a clear view of its utility. Many cases of chronic gastro-intestinal catarrh were also speedily improved and cured simply by the addition of Somatose to the diet.

Vomiting and diarrhoea were never observed to follow the administration of Somatose. Hertmann observed no improvement during the first days in which Somatose was given, but more or less severe intestinal catarrh. Kuhn and Volker also observed diarrhoea in the experiments in metabolism made by them, which, however, they attributed to the comparatively large quantities of Somatose (84 gm. in the day) employed by them. Reichmann recommends us to commence with small doses, in order to avoid diarrhoea stools. In all my experiments increased peristalsis never occurred which could be referred to the use of Somatose.

When administered in the above-described manner, great importance being placed upon effecting a complete solution, and

in small quantities, the stools always assumed a certain character. They became less fluid, and showed a tendency to become firm; they became brownish and somewhat sticky. The adhesiveness and color of the faeces, however, were due to a portion of the Somatose which had not been absorbed, as has been clinically demonstrated by Kuhn and Volker. Although the faeces remained for a long time in the lower intestines, and here lost a portion of their watery content, the residue of Somatose contained therein was not absorbed, which is an additional evidence in favor of the conclusion given by the above-mentioned authors, that Somatose is unsuitable for nutritive enemata. The appearance of the faeces during feeding with Somatose was so characteristic that in our division of the hospital they were briefly designated as Somatose stools. However, they changed at once as soon as Somatose was discontinued, becoming soft and yellow.

Small doses of Somatose, therefore, have had the threefold advantage: First, they prevent an increase of peristalsis, and on the contrary, favor a diminution of the latter, which is of extreme importance in acute and chronic intestinal affections. Second, they are more perfectly utilized, since by using large quantities a much greater part is passed unchanged through the intestinal canal. As will be seen in the observations detailed later on, the nutrition, notwithstanding, is greatly improved. Third, aside from its large quantity of albumoses the employment of Somatose in these small doses is much cheaper, so that it can be also recommended among the poorer classes.

I have employed Somatose in thirty cases, comprising six of simple atrophy in consequence of malnutrition, six of acute dyspepsia, eight of gastro-enteritis, four of febrile diseases (consisting of one case of croupous pneumonia, two cases of catarrhal pneumonia, and one of measles), and three of convalescence from febrile diseases (two from catarrhal pneumonia, and one from scarlatina). It will be readily understood that our chief interest in the study of Somatose was directed towards patients suffering from gastro-intestinal diseases, since it was here subjected to the crucial test. As a dietetic agent in febrile diseases, its value was also determined.

Before drawing conclusions from our observations, I take the liberty of reporting a few histories of cases for purposes of illustrating the effects of this preparation.

Case 1.—Karl Lindner, aged 15 days. Breast-fed; ema-

ciated; very restless, sleeps very little; stools since two days lumpy and greenish; ulcer over left ankle. Treatment: Nursed at breast three times daily, and fed every two hours with a mixture of cow's milk and Somatose solution. The ulcer was purposely not treated. October 16, 1895, child received Somatose for the first time. October 18th, the stool is yellow, with a tendency to become formed; digestion improved; child enjoys good sleep. After October 18th, nursing at the breast discontinued. Ulcer completely healed during first week.

Weight: Oct. 16, 2,900 gm. Oct. 18, 3,000 gm.; increase 50 gm. daily. Oct. 22, 3,120 gm.; increase 30 gm. daily. Oct. 26, 3,200 gm.; increase 20 gm. daily. Oct. 29, 3,280 gm.; increase 26.6 gm. daily. Nov. 4, 3,600 gm.; increase 53.3 gm. daily. Nov. 8, 3,680 gm.; increase 20 gm. daily; vomited once. Nov. 11, 3,800 gm.; increase 40 gm.daily. Nov. 14, 3,900 gm.; increase 33.3 gm. daily; slight bronchitis. Nov. 21, 4,100 gm.; increase 28.6 gm. daily.

The vomiting was produced by over-nutrition. On the average the child gained 33.9 gm. daily. From Nov. 21, was lost sight of.

Case 2.—Franziska Sedlacek, age six months; prematurely born in eighth month; nourished on milk with water or tea in proportion of 1:3, and had always been healthy. Since five days was very restless; cries much; no vomiting; stools regular; rickets with beginning of craniotabes; bodily weight 3,000 gm. Treatment: Cow's milk with Somatose solution in equal parts. Under use of this, child became more quiet and increased 180 gm. in the first three days. Mother now became ill and remained away with the child for seventeen days, during which time no Somatose was given. Increase of weight was 70 gm. After this child again put on Somatose and during two days increased 150 gm. in bodily weight. As increase ceased in consequence of a bronchitis with severe spasmodic cough, followed shortly by veracella. The latter trouble was preceded by a quiet sleep of 63 hours' duration, during which, as the mother stated, no nourishment was given, although defecation and urination remained normal. During the sleep child was said to have a hot head, some delirium, but no cough. The mother remarked no change as regards skin nor cyanosis. On awaking the eruption came to the surface and the cough disappeared. Previously the child had received tussol, 0.1 gm., three times daily for the violent cough, the last dose being given six hours

before the occurrence of the sleep. The mother did not send for a physician because the entire condition was not of a character to frighten her; although she observed the child diligently and took notice of its respiration and heart action. Table of weight: Nov. 5, weight 3,000 gm. Nov. 8, weight 3,180 gm.; increase 60 gm. daily; Somatose discontinued. Nov. 25, weight 3,250 gm.; increase 4.1 gm. daily; Somatose resumed. Nov. 27, weight 3,400 gm.; increase 75 gm. daily. Dec. 2, weight 3,470 gm.; increase 14 gm. daily; bronchitis. From Dec. 4, 1 a. m., to Dec. 6, 4 p. m., child slept. Dec. 9, weight 3,470 gm.; no increase Dec. 11, 3,430 gm.; reduction 20 gm. daily. After that time the mother did not return.

Case 3.—Elsa Kubicek, age six weeks; always artificially nourished; had acquired a dyspepsia, which was treated after the customary method. Prof. Gartner's fat milk was then administered during five days, after which cow's milk with equal parts of Somatose solution was given. For purpose of experiment, the Somatose addition was discontinued for a time, and the child kept on diluted cow's milk. Table of weight: Nov. 28, weight 2,800 gm.; dyspepsia. Nov. 29, weight 2,700 gm.; loss in weight 100 gm. daily; fat milk administered. Dec. 4, weight 2,800 gm.; increase 20 gm. daily; placed on Somatose milk. Dec. 11, weight 3,100 gm.; increase 42.8 gm. daily. Dec. 18, weight 3,270 gm.; increase 24.3 gm. daily. Dec. 28, weight 3,450 gm.; increase 20 gm. daily; no more Somatose, child healthy. Jan. 18, weight 3,650 gm.; increase 9.1 gm. daily; Somatose milk. Jan. 25, weight 3,960 gm.; increase 44.3 gm. daily. During nutrition with fat milk the daily increase amounted to 20 gm.; during feeding with Somatose from Dec. 4th to 27th, on the average 28.2 gm.; during ordinary feeding with the cow's milk from Dec. 27th to Jan. 18th, only 9.1 gm., and weight under Somatose nourishment during following seven days increased 44.3 gm. daily.

Case 4.—Joseph Heindl, age four months; prematurely born; breast-fed for three months; then fed on cow's milk with tea and gruels. Since one day, violent diarrhoea; no vomiting nor fever; weight 2,500 gm. Treatment: Cow's milk with Somatose solution in proportion of 1:2, and after three days 1:1. At the end of three days stools were normal. Table of weight: Nov. 25, weight 2,500 gm. Nov. 28, weight 2,650 gm.; increase 50 gm. daily; stools regular. Dec. 6, weight 2,890 gm.; increase 30 gm. daily. Dec. 13, weight 3,040 gm.; increase 21.4 gm. daily. Dec.

16, weight 3,190 gm.; increase 50 gm. daily. From Dec. 16, mother remained absent.

Case 5.—Mary Matusachek, age three months; always artificially nourished on cow's milk and tea, 1:2. Mother had sufferede from hemoptysis on two occasions. When three weeks old child affected with marked thrush; later, diarrhoea with fetid, greenish, lumpish stools occurred, which often continued for eight days. Child rarely vomited. Since 14 days bronchial catarrh, and since eight days diarrhoea with above described stools and furunculosis, entire body being covered with numerous pustules. Child greatly emaciated. Weight 2,320 gm., and length of body 52 cm. Abdomen markedly distended; abdominal walls chafed; through latter can be felt large masses of mesenteric glands; lower extremities edoematous; child had slight convulsions. Treatment: Furuncles treated by surgical means. Internally child received tannigen and for food cow's milk and Somatose solution in equal parts. Child came under treatment Oct. 15th. Oct. 13th stools firm, yellow; appetite improved, but notwithstanding bodily weight constantly decreased owing o the fact that new furuncles had to be opened every day. On October 31 last abscess was incised. Bodily weight at that time reduced to 2,250 gm. Stools regular. From now on child took nourishment well, and slept well. Weight on ov. 4th already amounted to 2,400 gm. Subsequently new furuncles appeared which for a time prevented gain in weight. Errors in diet, which were frequently committed by the mother, also acted as a disturbing cause, and were responsible for a transient reduction in weight. During subsequent period no further diarrhoeal stools; on the contrary, were so firm that enemata had to be resorted to. Table of weights: Oct. 15, weight 2,320 gm. Oct. 23, weight 2,300 gm.; oedema had subsided; stools yellowish-brown and firm. Oct. 31, weight 2,250 gm. Nov. 4, weight 2,400 gm.; increase 37.5 gm. daily; tannigan discontinued. Nov. 8, weight 2,350 gm.; new furuncles. Nov. 12, weight 2.400 gm.; increase 12.5 gm. daily. Nov. 16, weight 2,450 gm.; increase 12.5 daily; enemata. Nov. 20, weight 2,550 gm.; increase 25 gm. daily. Nov. 25, weight ,550 gm.; no increase; new furuncles. Nov. 28, weight 2,560; Somatose discontinued; increase 3.5 gm. daily. Nov. 30, weight 2,650 gm.; Somatose resumed; increase 45 gm. daily. Dec. 2, weight 2,650 gm.; no increase. Dec. 7, weight 2,750 gm.; increase 20 gm. daily. Dec. 11, weight 2,830 gm. daily; new furuncles. Dec. 16, weight

2,850 gm.; increase 16.7 gm. daily. Dec. 18, weight 2,800 gm.; loss 25 gm. daily; child placed on Farina gruel; vomiting. Dec. 20, weight 2,830 gm.; increase 15 gm. daily. Dec. 27, weight 2,920; increase 12.8 gm. daily. Jan. 3, weight 3,130 gm.; increase 30 gm. daily.

In this case also the valuable influence of Somatose was strikingly exhibited. The first signs of increased nutrition is the strengthening of the heart muscle, which certainly occurred, as shown by the disappearance of the oedema, although the bodily weight, in consequence of the severe furunculosis, decreased for a time, and almost reached the lowest limit. The improvement of the intestinal trouble cannot be, however, attributed to the Somatose, as, in consequence of the severity of the affection we were compelled to resort to tannigen. Somatose, however, proved to be a readily absorbable preparation.

The daily average increase from Oct. 15 to Jan. 3, amounted to 11 gm. During the 80 days of treatment there were only 49, however, during which the child actually increased in weight. To this period must be referred not only the total increase in weight, but also the compensation for the occasional loss in weight, due to the appearance of new furuncles, and the diatetic errors. Hence in 49 days there was an increase of 1,010 gm., which is 20.6 gm. daily. The increase in weight during the periods of improvement took place intermittently. It is interesting to note that from Nov. 25 to Nov. 28, during which time the mother gave up the Somatose, the child only increased 3.5 gm. pro die; and from Oct. 28 to Oct. 30, when the Somatose was resumed, 45 gm. pro die.

Case 6.—Bertha Gartner, 90 days old; always artificially nourished on small doses of milk and tea, one teaspoonful of the former to three of the latter. Since four days vomiting; stools increased, mixed, lumpy, and somewhat fatty; weight 2,800 gm. Treatment: Milk, with equal parts Somatose solution. Treatment commenced Nov. 26. At first child gained in weight. From Nov. 30 to Dec. 14 the increase was slight, although the child, according to the mother's statement, was healthy, and had a good appetite. Later, the mother confessed that she had given the child our soup as additional food, which the child frequently vomited. This was strongly prohibited, and the child again increased considerably in weight. How much the child increased in weight without Somatose is illustrated during the period from January 8th to January 21st, during which time the

mother remained away from the polyclinic, and the child was fed on diluted milk. Table of weights: Nov. 26, weight 2,800 gm. Nov. 27, weight 2,830 gm.; increase 30 gm. daily. Nov. 30, weight 2,880 gm.; increase 16.7 gm. daily. Dec. 14, weight 2,900 gm.; increase 1.5 gm. daily. Dec. 21, weight 2,800 gm.; reduction 14.3 gm. daily; bronchitis. Dec. 23, weight 2,850 gm.; increase 25 gm. daily. Dec. 27, weight 2,890 gm.; increase 10 gm. daily; enemata. Dec. 30, weight 3,020 gm.; increase 43.3 gm. daily. Jan. 3, weight 3,100; increase 20 gm. daily. Jan. 8, weight 3,210; increase 22 gm. daily. Jan. 21, weight 3,280 gm.; no Somatose; increase 5.4 gm. daily.

Case 7.—Adolph Machek, age three and a half months. Artificially nourished since birth; since four weeks digestive disturbances without vomiting, which produced reduction in weight. Child now given a wet nurse, but notwithstanding greatly emaciated. At the time when given to nurse, weight 3,340 gm., and 14 days afterward only 3,220 gm. Child had eight to ten watery, but not ill-smelling stools every day. Nurse was discharged and child nourished with cow's milk; besides this, received tannigen. After eleven days stools were reduced to three and four daily, of normal character, and child had gained 80 gm. From this time on child received cow's milk with Somatose solution in equal parts and tannigan was discontinued. Table of weights: Oct. 14, weight 3,300 gm. Oct. 21, weight 3,550 gm.; increase 35.7 gm. daily. Oct. 30, 3,820 gm.; increase 30 gm. daily. Nov. 5, 3,900 gm.; increase 31.3 gm. daily. After Nov. 5, mother failed to return.

Case 8.—Agnes Huschek, six months old. Always artificially nourished; constantly sick; suffered frequently from furuncles; digestion is said to have been always good. Since eight days vomiting; stools watery, greenish, lumpy; fontanelles are sunken; face wizened; abdomen markedly distended; weight 4,250 gm. Treatment: Milk with Somatose solution, at first in equal parts, then in proportion of 2:1. Treatment commenced Oct. 14. After two days stools had lost their former appearance, becoming brownish and consistent, and not lumpy. Child increased on an average daily 28.5 gm. from Oct. 14 to Nov. 9, during which it was nourished with Somatose. From Nov. 9 to Dec. 2 Somatose was discontinued. Child is said to have been always healthy during this time, but increased only 9.1 gm. daily. Table of weights: Oct. 14, weight 4,250 gm. Oct. 16, weight 4,310 gm.; increase 30 gm. daily. Oct. 21, 4,440 gm.; in-

crease 26 gm. daily. Oct. 26, weight 4,530 gm.; increase 18 gm. daily; enemata. Nov. 2, weight 4,800 gm.; increase 39.6 gm. daily. Nov. 9, weight 4,990 gm.; increase 27.1 gm. daily. Dec. 2, weight 5,200 gm.; Somatose discontinued; increase 9.1 gm. daily.

Case 9.—Karoline Fritsch; fourteen days old; mother prematurely delivered, owing to an eclampsia. Child is said to have weighed 1,800 gm. at birth and was artificially nourished. Came under treatment Nov. 19, with a weight of 1,430 gm. Child was given only 0.5 gm. daily. It was too weak to suckle, and had to be fed by spoon. After two days it was already able to take the bottle. Table of weights: Nov. 19, weight 1,430 gm. Nov. 21, weight 1,480 gm.; increase 25 gm. daily. Nov. 25, weight 1,530 gm.; increase 12.5 gm. daily. Dec. 2, weight 1,590 gm.; increase 8.6 gm. daily. Dec. 5, vomiting. Dec. 6, weight 1,590 gm.; no increase. Dec. 10, weight 1,630 gm.; increase 10 gm. daily. During three days Somatose discontinued. Dec. 20, weight 1,660 gm.; increase 3 gm. daily. On December 20, child withdrawn from observation and nothing known of its future condition. Although it at first appeared as if the child could not live, it thrived during the six weeks that it was kept under observation and continually increased in weight under nutrition with Somatose. The increase must be attributed to the influence of the Somatose, for no change was made in the previous feeding of the child than the addition of an aqueous solution of Somatose.

In all the cases of acute febrile diseases which I have mentioned above Somatose appeared useful, not only as a nutrient, but also as a tonic; for after the disease had disappeared the little patients recovered with remarkable celerity.

The conclusions which we would draw from our experiments are as follows: The value of Somatose is strikingly shown, and was confirmed by a number of control experiments. It may be asked how much more nourishment did the child receive by addition of Somatose than previously. The caloric values of mother's milk and of Goldmann's Somatose milk are almost equal, being 700 per litre. On the other hand, one litre of the above mentioned mixture employed by us has only 433 calorics —much less than the organism expends. The successful results, therefore, cannot be based alone upon the absolute nutritive value of Somatose.

The daily requirement of albumins in a child is not by any means as large as the amount consumed, so that a portion of the

albumins which are absent in the diltued cow's nilk can be replaced to a certain extent by fats or carbohydrates, as Biedert and others have shown. The child could, therefore, completely cover the albumen required for its sustenance by the mixture administered by us. The chief object was only to exhibit the albumens in such a form as to permit the small quantities given to be fully utilized in view of the impaired functional capicity of the digestive organs. This is acocmplished by the addition of Somatose, through the albumoses contaned therein. The latter in their own form are readily absorbed and regenerated into the albumen of the organism. Furthermore, by addition of Somatose the relation of the caseine to the other albumens is rendered much more favorable. Aside from this, as already mentioned, the coagulation of the caseine is modified in such a manner that it is acted upon more readily by the gastric juice, whereby its utilization by the tissues of the child is markedly augmented. In these three points is to be found the value of Somatose.

If we now study more closely the different tables of weight we find that the increase in weight took place intermittently. At the commencement of treatment here were often enormous gains. These, however, cannot be attributed to Somatose alone. They must in part be referred to the fact that an exhausted organism, as soon as the causes of impaired health are removed and more available nourishment is supplied, is capable of utilizing the nutritive elements to a greater extent and effecting an increase in flesh, until, so to speak, the first great demand, the cell hunger, has been satisfied. With this may be also classed the need of water. Later, the utilization of the nutritive materials decreases unless the body receives a surplus of nourishment. The latter, however, exists only to a limited extent in our mixture, as may be seen from its caloric values. Moreover, the ability of the organism to absorb Somatose continuously in equal quantities seems to diminish. It may be that the intestinal epithelium becomes exhausted, and after a period of rest again resumes its functions with renewed energy. It is for this reason that after the first great gain in weight a retrogression occurs. Of course, we exclude from this any retrogressions during intercurrent diseases. The daily increment sinks to a certain level, at which it continues for a long time. It never, however, goes down so much as when Somatose is completely discontinued. At the same time, it cannot be augmented at liberty;

it has it physiological limits. After such a period of rest a considerable increase in weight is noted. A frequent cause of marked reductions or of long intervals of cessation is constipation. A clyster under these circumstances has remarkably good effect, while a complete suspension of Somatose has a similar influence. All this should be recognized in administering this preparation, and I would, therefore, suggest that Somatose should not be administered uninterruptedly to older children, but during periods with long intervals. In sucklings, however, the change in the caseine coagulation, effected by Somatose, must be taken into consideration, and for this reason, if for no other, its addition seems indicated.

The question whether Somatose milk is capable of replacing completely mother's milk is not decided by my experiments. I doubt this greatly. If, now, we briefly capitulate the properties of Somatose we can see, first, Somatose contains 90 per cent. albumoses; second, it contains no aliments incapable of absorption or capable of fermentation; third, it contains the potassium phosphate so important for the formation of cellular tissue; fourth, it is readily digested, and almost tasteless and odorless; five, it has no laxative action, at least in small quantities; six, it produces a fine often flocculent coagulation of cow's milk caseine, so that the milk need not be too much diluted; seven, it is well tolerated, even by the sensitive stomach, and readily absorbd, even by a damaged epithelium. On the ground of these properties and of our experiments, I would consider Somatoce a valuable addition to oru list of dietetic remedies for healthy and sick children in general, and it must be deemed a prominent auxiliary in the artificial nutrition of infants.—Archiv fur Kinderheilkunde, Bd. XXI.

TWO YEAR'S CLINICAL EXPERIENCE WITH THE GOLD SOLUTIONS.

Eustathius Chancellor, M. D., St. Louis, Mo.

(Concluded.)

Take the case of locomotor ataxia and note the wonderful improvement in gait and general nutrition. A case of peripherial neutritis pronounced incurable by a renowned neurologist

was absolutely cured by six months' treatment with arsenauro. Shoemaker in his last edition of his Materia Medica and Therapeutics, accords to these solutions a high place as alteratives, and especially mentions their use in chronic eczema. Potter also in his new work on Materia Medica and Pharmacology gives proper mention to these valuable agents.

When the progress of syphilitic ulceration threatens serious impairment, even destruction of an organ, in ulceration of the vocal bands or gummata or other forms of specific outgrowth impinging on the peduncles of the cerebellum, or medulla oblongata, or the crura cerebri, or in other situations, the rapid progress of the disease may require the hypodermic use of it. Being so readily soluble physiological effects can be looked for quickly. Pathology has not discovered the real cause of anaemia, and until it can points its finger at the most intricate mechanism of haemoglobin, we must remain satisfied to resort to the remedies which experience tells us are of value to this class of patients. Many theories have been advanced regarding the cause of anaemia. Practical experience does not support the use of iron in anaemia and chlorosis, but rather the contrary.

With the anaemia of rapid child-bearing and lactation, iron in the form of Blaud's pills is of undoubted value, but at the head of the list of therapeutics applied to anaemia, stand the tonic alteratives arsenauro and mercauro. It is perfectly true that we have almost no knowledge of the exact manner in which they act in instances where through morbid functional activity, enlarged glands or growths appear. It is evident that they must act upon the trophic nerves or directly upon the nutrition of the affected parts. If they are used in large doses they act as depressants to the normal nutrition of the body, producing primarily a decrease in the vitality of the morbid growths so that they melt down and disappear. Whether these are due to over stimulation or nutrition, that is, to an excessive trophic change, or whether they depend upon actual lowering of the tone of the parts we know not. One thing we do know, however, and that is that small doses of the alterative drugs act as very distant stimulants to the development of normal structures and in no insance do we find this more typically represented than the effect which they exert upon the blood.

Many years ago Keyes, of New York, pointed out the value

of corrosive sublimate in small doses in specific and other anaemias. Numerous writers confirm his views.

Here is a practical point, viz.:

In all anaemias give mercauro in small doses, say six drops in water after meals. The marked increase of nutrition in children of syphilitic taint by using this product is promptly manifest.

The valuable combination of bromide of arsenic, bromide of gold, and bromide of mercury appeals to thinking physicians as the most valuable combination to use.

The bromide of mercury is the most acceptable to the stomach of all the salts of mercury, but if given in excess it is cast off in the urine and faeces unused and wasted, straining the emunctories of the body during its passage through them.

The oculist must stop a minute and think of arsenauro in atrophy of the optic nerve.

The nose specialist must look at the formula of mercauro when he has a case of hypertrophic rhinitis and give it, for it will aid him to prevent atrophic rhinitis.

The aurist meets cases of deafness about middle life, progressive in course and which are due to adhesion of the drum membrane to the walls of the middle ear, mercauro is indicated.

And here is another secret of the action of these agents. Whenever we have sclerosis, whether in the spine or brain, liver or the eye, nose or lungs, these solutions are indicated because they prevent fibrous degeneration.

The laryngologist meets tubercular, syphilitic and other forms of chronic laryngitis. How magnificently mercauro comes in here; and how often are we appealed to by patients for relief from the hot flashes at the menopause, an expression of a perturbed sympathetic system which arsenauro so antidoes and corrects, without producing anaemia of the cortex of the brain and the depression which follows the administration of the other bromides.

All of us meet cases of tubercular adenitis in children whose complexions like wax show the malnutrition present in their little bodies. Give that child arsenauro and note disappearance of its glandular troubles as well as its rapid restoration to health.

In a case of specific periostitis, a patient took mercauro for three weeks, and was enabled to resume his duties. He had not

worked in over twelve months previously on account of swelling and lack of motion in both wrist and knee joints.

In chronic Bright's disease, arsenauro is of great value and soon decreases the albuminuria. In cases where pronounced anaemia is present coincident with this disease in which great arterial pressure exists (and iron in any form is absolutely contrar-indicated, because it raises the blood pressure), actual experience demonstrates that arsenauro in these cases lowers the blood pressure. In the interstitial forms of the disease preference should be given to mercauro. We must try to arrest the development of the renal lesion and improve the general health, treat the symptoms that are not dependent upon the nephritis (except indirectly) and last treat those signs which are due to the nephritis itself.

In diabetes mellitus, arsenauro is a sheet anchor and should be given in as large doses as the patient can bear for a long time. Unfortunately we do not know the innermost cause of diabetes nor the manner in which the glycosuria is brought about, thus cannot explain the manner in which this combination acts. That it does act there is no question.

Evidently the therapy of this product in these cases is due to the fact that it is a tonic and nutrient to the nervous system.

In conclusion let me impress upon my colleagues the wide range of usefulness of these tonic alteratives. Remember the fact that a cause exists which manifests itself by perversion of function either external or internal.

The cause may be an acute disease. If so these products are contra-indicated.

"Weave science and practice into so close a network that the foundation of experience may be cemented by the mortar of exact knowledge."

Abandon the rut of routine prescription work, and be the student still, for the rapid march of progress in other fields is not absent in medicine.

I feel truly grateful to my colleagues who have contributed to the literature upon these very remarkable products.

He who profits by the recorded experience of others, is the conscientious practitioner.

A FRUITFUL SOURCE OF ANNOYANCE.

The most frequent forms of diseases of the eye are those located in the mucous membrane of the eyelids (conjunctiva). When left alone they are not only a fruitful source of annoyance and suffering, but they often endanger the existence and usefulness of the eye as an organ of sight. The frequency of these external affections of the eye has made their treatment one of the richest mines for quacks from the oldest times. All practitioners of medicine being called upon to treat these diseases, especially those in the country, recognize from the formula of Palpebrine a product of no untried remedies, but entirely reliable in the treatment of External Eye Diseases. The Dios Chemical Co., of St. Louis, Mo., will mail free sample and literature on application.

CHOREA IN A CHILD.

Jos. Wesley Malone, M. D., Blythedale, Pa., says: I am so well pleased with Celerina that I can not refrain from citing several cases of interest. I prescribe it very frequently, and have never had it to fail yet. I used it in a case of chorea. The patient was a little girl, ten years old, suffering from an acute attack. The case had been given up by two physicians and was a very bad one. The usual remedies, phosphorus, arsenic, etc., had been used and had no great effect. I advised the attending physician, an old practitioner, and a good one too, to try Celerina. He did not take much to the idea, but after urging him he consented, and the first dose gave relief. From that time, the child got better, and in about four weeks was cured. It acted like a charm, and the old physician who had never used it was so well pleased that I am sure he will try it again. I have prescribed it in nervous prostration, and have yet to find it to fail. It is pleasant to take, and produces no nauseating effects, as other remedies do when used for some time. I frequently prescribe it with Aletris Cordial, and it also goes well with Peacock's Bromides. I shall continue to prescribe it, and shall watch its merits closely.

The Woman's Medical Journal.

VOL. VI. *APRIL, 1897.* *No. 4.*

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor.

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.

Julia A. Carpenter, M. D. ..... Cincinnati, O.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager

ORIGINAL.

EFFECTS OF CIGARETTE SMOKING.

THE subject is an old one, one that has long since been laid aside for others more recent and interesting, yet, if we observe that the habit of cigarette smoking is constantly increasing among boys, it should demand our attention to-day.

What is there about tobacco smoke so injurious to the young? Analyzing the smoke from tobacco, it is found to contain water in the form of vapor, free carbon in minute particles, ammonia compounds in a state of vapor, carbonic oxide and nicotine, a complex substance, which, when analyzed, is found to contain a fluid alkaloid—nicotine proper, a volatile substance containing ammonia, and a bitter resinous extract. Numerous other substances are often produced, but those mentioned are always present, and to them can be traced the evil effects of smoking. These are more readily taken into the lungs when smoking cigars and cigarettes than when a pipe is used; as the stem of a pipe, if porous and clean, absorbs the nicotine.

Dr. Richardson says that when tobacco is used, the blood becomes thinner, and, in extreme cases, paler. Examined microscopically the red blod corpuscles are found fewer in number and to lie widely separated, the tendency to form into rouleaux being lost. The form is changed from the double concave and smooth border to an oval form with a crenated border indicating

a change in the density of the plasma. The ammonias have the effect of dissolving the blood corpuscles, the absorption of the blood of the various poisons inhaled when smoking lessens the oxygen-carrying power, hence oxidation of the tissues is partially arrested and their disintegration retarded. The poisonous products are quickly eliminated through the lungs, kidneys and skin, and one day of abstinence from the use of tobacco is sufficient to restore the blood to its normal condition.

The influence upon the heart is that of a functional derangement producing irregularity of action, due to the poisonous effect of nicotine upon the nerves controlling its action. The symptoms are those of palpitation, dyspnea, and sometimes pain.

Upon the nervous system the poison, nicotine, has a decided effect. It paralyzes the nerves controlling the muscles of the iris, and consequently the pupil becomes widely dilated. The symptoms produced are obscurity of vision, specks before the eyes, and sometimes deep-seated pain. Upon the exhausted brain it has a soothing effect; upon the fully-nourished brain it acts as an irritant. In extreme cases the most pronounced effect is that upon the cord, both the sensory and the motor nerves of which may be affected, as shown in external insensibility, convulsions and paralysis. Death results from respiratory failure due to spasm of the chest muscles, or from paralysis of the heart.

Through the sympathetic nervous system the secretions are disturbed, also the regulation of involuntary muscular contraction, as shown by the muscular spasm of the stomach and by the vomiting produced on the first attempt at smoking. The nerves controlling the secretions of the glands are affected in such a way as to cause over-secretion, and, if tobacco is excessively used, secretions may become uncontrollable. In the majority of smokers the salivary glands are excited to over-secretion, and if the saliva is swallowed it conveys to the stomach the poisons, nicotine, and the bitter extract. These irritate the mucous membrane, and cause inflammation. Irregular secretion of the gastric juice follows, and often a deficient amount is produced, causing dyspepsia and loss of appetite.

The muscular contraction of the stomach and intestines is increased. In moderate smokers this acts as an aperient; but if smoking is carried to an excess the muscles may become paralyzed and constipation results. These disturbances being func-

tional, the tissues quickly regain their normal condition when tobacco is not used.

Although the salivary secretion is increased, the mucous membrane of the tongue and throat becomes dry and irritable, due to the ammonia inhaled. The gums may become firm and contracted, or vascular and sore with a tendency to bleed. In the smoker's sore throat the mucous membrane is inflamed, the tonsils enlarged and soft, causing pain on swallowing.

Free carbon is deposited upon the teeth, discoloring them; but acting, it is thought, as an antiseptic and preservative. Inhaled into the lungs it acts as a mechanical irritant to the mucous membrane of the bronchial tubes, and if bronchitis be present it maintains an irritable state of the membrane and keeps up the cough. It cannot be said to cause directly any organic disease of the lungs; but the absorption by the blood of the various poisons inhaled causes a general enfeeblement of the system—the carbonic acid and oxide causing incomplete oxidation of the blood, the nicotine producing various nervous phenomena, and the ammonia compounds having a solvent power upon the blood corpuscles. Thus, by lessening the bodily vigor the person is unable to withstand disease, and if he inherits weak lungs, may easily become a prey to the tubercular bacilli.

In conclusion, I would say that upon the young tobacco has a decidedly injurious effect. If, as I have tried to show, tobacco produces functional disturbances of the principal organs of the body, the heart, the stomach, lungs, etc., and that the system is constantly striving to eliminate the poisons, then surely so much energy is wasted through all the years when so much is needed for growth and repair. With the blood incompletely oxidized, heart acting feebly, stomach refusing to digest properly, lungs, skin and kidneys overworked, the whole organism is in a state of disorder. What is the result? Dr. Richardson says, "Impairment of growth, premature manhood and physical degradation."

By all means prohibit the young from smoking. Already several states have passed laws prohibiting the manufacture and sale of cigarettes to minors. Anti-cigarette leagues are formed among the boys in some of our large cities with very encouraging results. Let the good work go on.

WORDS OF WISDOM.

AT the semi-annual meeting of the New York Academy of Medicine, ex-President Grover Cleveland, LL. D., honored that body with a most happy address. Concluding, he remarked: "If laws are needed to abolish abuses which your professional investigations have unearthed, your fraternity should not be strangers to the agencies which make the law. If enactments already in force are neglected, or badly executed, you should not forget that it is your privilege and duty to insist upon their vigorous and honest enforcement. Let me also remind you of the application to your case of the truth embodied in the homely injunction: 'If you want a job well done, do it yourself.' If members of your profession were oftener found in our national and state legislative assemblies, ready to advocate the reformatory measures you have demonstrated to be necessary, and to defend your brotherhood against flippant and sneering charges of impracticability, the prospect of your bestowal upon your fellowmen of the ripened results of your professional labor would be brighter and nearer.

"While thus suggesting the need of your influence in legislative circles for the accomplishment of reforms related to your profession, you will, I hope, permit me, in conclusion, to enjoin upon you the duty of an active and general interest and participation in public affairs for the promotion of your country's good in all its phases. Our Government was founded in the faith and anticipation that those who loved it most, and were best able to hold it steady, would be at its helm. Without this, it will surely go astray. Never did patient need your medical treatment more than the body politic now needs the watchful care of your patriotic and disinterested citizenship. No object of personal ambition, and no activity of professional life, should be permitted to withhold from our Government the tithe of devotion and service due from its thoughtful, intelligent, and educated citizens. The reward of a willing recognition of our obligation to watch and protect our free institutions, and preserve them from weakness and decay, will surely come when a just Government, supported by the patriotism of a loving people, shall bestow with equal hand upon us, and all our countrymen, the blessings of national peace, contentment, and happiness."

DR. CARRIE JOHNSON ACQUITTED.

DURING the past few months there have been numerous short paragraphs concerning Dr. L. Carrie Johnson, who was recently tried at Pueblo, Colorado, for malpractice, that we append an Associated Press report of the outcome of the trial:

PUEBLO, Colo., Feb. 26.—The case of Dr. L. Carrie Johnson, who was granted a second trial on a charge of murder, was brought to a close at 7:30 o'clock this evening, when the jury brought in a verdict of not guilty. The doctor was charged with murder by Charles L. Kelsey, who claimed that she performed a criminal operation upon Mrs. Ella A. Kelsey, his wife, which caused her death on September 20. The doctor was tried in the District court on December 28, when the jury returned a verdict of murder in the second degree. A motion for a new trial was granted by Judge Dixon which has been occupying the time of the District court since last Tuesday. Much interest has been manifested in the trial by the public, and the court room has been crowded every day since the trial began. J. H. Mechem, attorney for the defense during this second trial, was assisted by C. W. Bramel of Wyoming, who is a brother of the defendant.

TO THE MEMBERS OF THE MEDICAL PROFESSION.

I would be pleased to have an expression of opinion from you, either personally or through The Woman's Medical Journal, as to the relations of the lay-publishing firms of medical journals and the profession. The request is suggested by the fact that Messrs. Wm. Wood & Co., of New York, refuse to permit the editors of "The American Year-Book of Medicine and Surgery" to use in our abstracts of Medical Progress, articles and illustrations first printed in the "Medical Record" and the "American Journal of Obstetrics."

This decision seems to me to be wrong for the following reasons:

1. It prevents the dissemination of medical knowledge. The Year-Book condenses, systematizes, and criticizes the year's medical work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim, or hope to reach. Every physician writes and publishes articles in order that every member of the profession

may, if possible, learn of his work, and that science and progress may thus be furthered and humanity benefited. To interfere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust to the profession and an injury to Medical Science.

2. This injustice and injury to medicine become all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay-publisher is supposed to make considerable financial profit.

3. No other publishers in the world, not even those who pay authors for their contributions, have in the least objected to our reproductions of quotations, abstracts, and illustrations from their journals.

Do you wish to limit the dissemination of your contributions to Medical Science by such an exclusion of them on the part of publishers from reputable publications? Is this literature the property of yourself and of the profession, or not? Does your gift of it to a journal make it forever the private property of the publishers of that journal? Is it not rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrations is guaranteed?

Sincerely yours,

GEO. M. GOULD.

Doctor Katherine Kollock has been elected assistant professor of physiology and hygiene in the Girls' High School of Philadelphia. Her duties contemplate the medical supervision of the pupils. The doctor graduated from the Woman's Medical College of Pennsylvania in 1887.

The Tennessee Centennial and International Exposition will open on May 1st and continue for six months in Nashville. The Section of Medical History and Literature is in charge of Dr. Deering J. Roberts of Nashville (chairman); Dr. G. C. Savage and Dr. S. S. Crockett, of Nashville; Dr. E. S. Miller, of Johnson City; Dr. D. E. Nelson, of Chattanooga; Dr. I. A. McSwain, of Paris, and Dr. T. J. Happel, of Trenton.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. ***Single Copy 20 Cts.***

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to ***The Woman's Medical Journal*** should be addressed to the Managing Editor Women's Medical Journal, Toledo, Ohio.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations furnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in ***The Woman's Medical Journal*** will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

EDITORAL.

NOTICE.

During the past month we have received over a hundred paid subscriptions, and among them six blanks came in with the cash all right but no names to indicate by whom it was sent. Two have postmarks discernable, they are Aurora Ill. and Kansas City Mo. the rest are obliterated. If this should meet the eye of any one concerned, kindly send the names along that they may be properly entered.

GREETING.

A DEPARTMENT of Paediatrics and Infant Feeding is begun with this issue of the Journal, which will be under the able editorial care of Dr. Edith A. H. Fyffe of Chicago Ill.

That such a department is of value to any medical journal goes without saying, but is peculiarly of value to this journal whose readers are largely women, and a larger portion of whose cases are children.

Dr. Fyffe's opening article on "Constipation in Young Children" is of most practical value and is a most comprehensive thesis.

All communications on the subject of Paediatrics and Infant Feeding and all books for review on this subject will be sent direct to Dr. Fyffe at 64 East Division St. Chicago Ill.

IT'S A QUEER ONE SIDED RULE.

THERE is some comment current on the ethics of the advertiser—what he shall or shall not say, and further, where, when or how he shall say it. In all of this the medical press gives publicity. The medical press is supposed to act as intermediary between the physician and the chemist, and transmits the message from one to the other with more or less authority.

Both parties are limited—or ought to be. The medical publisher realizes that he guarantees every article mentioned in the pages of his publication. He may not do it knowingly—he may not do it directly, but the mere fact of the advertisement is construed under the present libel laws as a guarantee.

So, then, the medical journal is a purveyor of medical news, and is limited to that extent. Advertisements not consistent with the foregoing conditions must be rejected, and Jones' Liver Pills, or Hat's Sarsaparilla advertisements must be declined, with or without thanks. So much for the medical journal. Now if the publisher is limited—if he must be fish or flesh—why not the advertiser? A few firms grant this and select the medical world for their field, and stay in it, notably the Bovinine Co. and Imperial Granum, who, having seen the error of their ways, have amputated the objectionable lay advertising. But not so with other firms. They will be as squeamish and as shy as you please with the regular medical journals, but close their eyes and jump with a dash into the outstretched arms of the daily press. Introspection they wot not of. They decline to recognize the fact that they are giving what they decline to receive.

Tit for tat is an old axiom, and some one will be deeply chagrined when we begin to balance in medical advertising.

If it is right to be both a medical and a popular advertiser, all well; but these self-same advertisers will soon begin to see that it is a poor rule that doesn't work both ways..

Among our friends who are going into general advertising may be mentioned McKisson & Robbins of New York, and Buffalo Lithia Water of Virginia, as well as a number of others.

CONCERNING WOMAN'S WORK.

NOW that the new woman is taken seriously, and is no longer regarded as a freak of nature, all of the hard, unpleasant, undesirable, impossible occupations are assigned to her with cheerful pertinacity. Where everybody else has failed, where men have failed, let the new woman come in, and mayhap she will succeed. Mayhap she will work miracles; mayhap she will prophecy; mayhap she will restore the blind, the lame and the halt! However, the world will find sufficient house-cleaning for her to do, even if it has to resurrect Sodom and Gomorrah, or the later, but none the less pungent Augean stables, or the effluvia of the present conditions of civilization.

In a recent issue of the J. A. M. A. a correspondent says, quoting other writers on Modern Immorality:

Conant, Fla., March 2, 1897.

To the Editor:—Dr. E. S. Bullock, in the New York Polyclinic, and Dr. A. R. Reynolds, in the Journal, discuss the moral condition of the nation and its bearing on the future well-being of our people with varying degrees of apprehension. Each looks to the new woman as the one best fitted to take the case in hand.

From various publications the following quotations are gathered: "Hoodlums that glory in being 'toughs' are thicker on American soil than on any other spon on the crust of the planet." "Masturbation is well-nigh universal" among our boys and youth. Syphilis has spread until "the question is not who has but who has not" the disease. "Fifteen per cent. of all diseases of women, exclusive of prostitutes, are caused by gonorrhea and its sequelæ." "A moral nature so finely developed that it will not permit its owner to enter into the marriage state, bearing the seeds of possible direful results to wife and family, is not common among men." "Not one woman in twenty escapes solicitation" for her ruin. "Ninety out of every one hundred men cohabit with women before marriage." "City children soak and blacken soul and sense in city slime," and "human nature is no better out among the farms." "The country school grounds often prove slippery places for young feet." "Crime and hunger casts our maidens by the thousands

on the streets." "If it is all true, then American society is suspended over an abyss and it will require the engineering skill of the best elements in church and State to keep us from falling into depths of distress." If any part of it is true, then the disease is in the system and "the treatment must be constitutional and radical and preventive."

The new woman does not care to pose as a reformer, much less as a martyr, but her pledge demands of her that she endeavor to do the "whatsoever" and to follow her leader, the Healer of Gennesaret, even to the cross, but does not every manly instinct cry out against sending our virgin daughters to face Sodom and Gomorrah? God pity that people whose women stand alone against the fiercest, the most implacable, as well as the most insidious foe that ever assailed home and country. Until men and women together, with the little child in the midst and the stranger within our gates as well "hear and learn and observe to do all the laws" of that only perfect sanitary code ever formulated, written in the books of Moses so plain that a wayfaring man, though a fool, need not err therein, written in the very substance of our normal being so that violation of them brings the penalty in weakness and pain. Until we teach them diligently, father, mother, priest and doctor, to our children from the time the "know not anything" the full counsels of the God who created their bodies, we are in danger.

The story of Onan and of Baal-peor; of Eli and David and of Herodias' daughter, are not without their parallels to-day. If we are ashamed of and forsake the words of life, life and health will forsake us as surely as they did Canna or Israel. When we read of a Pearl Bryan and think of the young girls unprotected by law after the age of legal consent from the wiles of the deceiver, who blights heart and soul as well as body, a crime tenfold more heinous than he commits who only destroys the body by violence. Does Jeremiah seem unmanly weeping for the slain of the daughters of his people? When we realize that from heredity, the seed of wild oats, or "the transmission of lust from unrestrained licentiousness in wedlock," little blistered feet that never walked are hastening to the grave; and infants of tender years in homes where we least expect it are children who are corrupters. What man worthy of the name will say hush! hush! to Isaiah's call: "Lift

up thy voice like a trumpet and show my people their transgressions?"

When, in our practice, a young wife is fallen down at the door of her married home, fit subject for the surgeon's knife, what Christian physician but thinks of Benjamin destroyed, of Jabesh-Gilead smitten and forty thousand of Israel slain to right one woman's wrong? Not one husband's conscience, but our whole social system is at fault that our daughters, yes, and our sons, are not afforded the protection which was given the slaves from diseases more loathsome and persistent than small-pox and the plague.

"Is there no balm in Gilead? Is there no physician there? Why, then, is not the health of the daughter of my people recovered?" W. O. E.

There is no doubt but what women love to clean house, but there are degrees even in house-cleaning, and one is brave indeed who grasps a broom for such a nauseating condition. But our brothers cheerfully pass it over to us, and tell us to try our hands and see what we can do to sweep the water back.

Every woman who is in the profession to-day is glad to be useful and helpful; and is even willing to be called a fin de siecle woman if that helps the description, but why not a fin de siecle man, a new man to help the new woman, for humanity can not advance on one side without a corresponding accession of elevation on the other. The human race has fathers as well as mothers, brothers as well as sisters, sons as well as daughters, and moral house-cleaning should be general.

Shutting our eyes to conditions do not alter the conditions, and we women have come to a new phase of life. For centuries we have been taught that ignorance of conditions—undesirable conditions—was essentially womanly; we should never know, it was only our business to accept what we received gratefully and be thankful that we lived. Now on the other hand, since we insisted on arousing from the comatose position and our eyes being open, why, we might as well go in and clean up the muss and rectify the errors of the past. One of our women philosophers has said, "there is no kind of work that women

may not do, if she will do it cheap enough," and we may add there is no sort of work women may not do if it is disagreeable enough. The end of the century woman, as well as the end of the century man, must work shoulder to shoulder and hand in hand, but together and not alone, that the world may be the better for our having been it.

The Hippocratic oath either means much or it means nothing, and the women as well as the men are coming to see that mere staying in this world is not all that is desired. We must live, and living, benefit others by our presence. Medicine "is our vocation, not our 'choosing,' but our 'calling,' and He who called us to it will, if we ask, fit us for it and strengthen us in it."

The Hamilton Decalogue.

The following terse sayings are attributed to the late Dr. Frank H. Hamilton: "1. The best thing for the insides of a man is the outside of a horse. 2. Blessed is he who invented sleep; but thrice blessed the man who will invent a cure for thinking. 3. Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose. 4. The lives of most men are in their own hands, and, as a rule, the just verdict after death would be—felo de se. 5. Health must be earned—it can seldom be bought. 6. A change of air is less valuable than a change of scene. The air is changed every time the wind is changed. 7. Mould and decaying vegetables in a cellar weave shrouds for the upper chambers. 8. Dirt, debauchery, disease, and death are successive links in the same chain. 9. Calisthenics may be very genteel, and romping very ungenteel, but one is the shadow, the other the substance, of healthful exercise. 10. Girls need health as much—nay, more than boys. They can only obtain it as boys do, by running, tumbling—by all sorts of innocent vagrancy. At least once a day girls should have their halters taken off, the bars be let down, and be turned loose like young colts."

GYNECOLOGY.

Edited by Lillian G. Towslee, M. D., Cleveland, Ohio.

IT IS possible that preputial adhesions cause more neurotic conditions in women than is generally supposed. I have had a number of cases that after an adherent prepuce has been relieved, the nervous symptoms subsided, especially women who suffer from pruritus—the smegma acting as an irritant. After the hood is dissected off from the glans clitoris it can be kept free by a lubricant.

A number of cases in my practice have been relieved by this small operation, which can be done in one's office by using cocaine or ethyl chloride applied to the parts as a local anæsthetic. The only instrument used is a small blunt probe. Women do not like to consult a physician for pruritus and frequently do not until after the nervous system is taxed to the utmost. There are a great many cases of pruritus that are due to other causes. I wish to call your attention only to those due to preputial adhesions.

Case I.—A woman aged sixty-three consulted me for a violent pruritus. She was very nervous, so was obliged to remain in bed. Her physician told her she had "nervous prostration." There was no pelvic trouble, she having passed the change of life several years before. On examination found an adherent prepuce which was dissected off at my office. The pruritus improved immediately; after keeping patient under observation for several weeks, she was discharged. This was two years ago, and there has not been a return of the trouble.

Case II.—Miss X., age eighteen, consulted me for convulsions occurring at her menstrual periods. Her menses first appeared at the age of twelve, since which time she has been having spasms at the beginning of her periods. She had been thoroughly medicated, taking large doses of bromides, etc. As she had a pruritus and dysmenorrhœa, I decided to make a pelvic examination, which I did, and found an endometritis and an adherent prepuce. I separated the adhesion and removed several pieces of smegma, taking care of the endometritis later.

I kept my patient under observation for several months. er condition improved, spasms less severe and not as frequent. She recently informed me she did not have any trouble at her

menstrual periods. It is now two years since I first saw the case, so there is no doubt but that the adhesion was the cause of her neurotic condition.

Clitoridal adhesions cause many an obscure neurosis in women which can be relieved by separating the prepuce from the clitoris. I wish to impress the necessity of keeping the genital organs as clean as the rest of the body; if not, the smegma will form around the prepuce and clitoris and cause pruritis and a neurotic condition. A number of cases have been treated in like manner in the past three years, and when there has not been any other cause for the pruritis but an adherent prepuce my patients have been relieved of this troublesome affliction.

In one of my recent obstetrical cases the umbilical cord was around child five times—namely, around neck, chest, abdomen, legs and one foot. Cord measured 35 inches. Child was Cyanotic, but revived after artificial respiration. Weight of baby, 10 pounds.

Dr. H. J. Boldt reported a case of the removal of an ovarian tumor from a patient who had cardiac disease without the use of anæsthesia except locally in cuting through the skin. He used about ten drops of a four per cent. solution of cocaine. After the peritonaeum was once opened he judged from the actions of the patient that the pain was very severe, especially when the ligature was tied around the pedicle. No impression was made on the action of the pulse during the operation, and the recovery was perfectly smooth. (An exploratory incision was made recently at the Cleveland General Hospital by freezing the parts with ethyl of chloride. It was not advisable to give an anæsthetic, as the patient had an organic heart trouble. The local anæsthetic was a success.—Ed.)

Mouchet reports in La Semaine Medicale, 1896, No. 31, a case of double ovariectomy during pregnancy. The patient was in the third month, and suffering much from the condition of the ovaries, one being sclerotic and the other cystic. Both were removed without any prejudice to gestation, which proceeded to a normal termination and the birth of a living child.

Inversio Uteri.

Dr. John W. Walker (The Lancet, August 29, '96) reports the following case: Labor began at 10 P. M., and at 2:15 P. M. placed his hand upon the patient's abdomen and found the uterus quite firm. While tying the cord the patient gave a loud scream, as if in sudden and violent pain. Her face was pallid, large beads of perspiration came out upon her forehead; the pulse became very small and rapid, and the skin cold and clammy. On examination, the whole uterus was found lying outside the vulva with the placenta attached, but little or no hemorrhage taking place. A hypodermic injection of ether was given and the pillows removed from under the head. The placenta was peeled off, and attempts made to reduce the inversion. When the uterus was returned to the vagina and nearly everted, strong contractions again inverted it. Assistance was summoned, and with the aid of chloroform anæsthesia the inversion was completely reduced. Hot intra-uterine injections caused the uterus to contract firmly, and no subsequent trouble occurred.

Cancer in New South Wales.

Dr. G. L. Mullins (The Australasian Medical Gazette, January, 1896) finds that of five hundred and eighty-five females who died of cancer, two hundred and two were affected in the uterus. The period of life at which death occurred was between twenty-five and eighty-five years, but it was not common before the fortieth year. It occurred most frequently between the forty-fifth and sixtieth year. The average number of children born by each female dying of cancer of the uterus is 5.07. Two single females died of the disease, and seventeen who were married but had no issue. There is no information as to whether any of these women had ever had miscarriages.

SUMMARY.—1. Although New South Wales has one of the lowest death rates in the world from cancer, the disease is undoubtedly increasing in the colony.

2. The cancer age is from thirty-five upward.

3. Cancer is slightly more prevalent among males than females.

4. The deaths from cancer occur chiefly among natives of Great Britain and Germany.

5. Climate appears to have little or no effect on the production of the disease.

6. The stomach is the organ most affected in males; the uterus in females. The stomach is also largely affected in females.

7. Heredity is the chief cause of cancer. Chronic irritation is an important factor, but its true significance is still a matter of dispute. Meat eating, alcohol or tea drinking, tobacco smoking, etc., are not primary causes of cancer.

Tuberculosis of the Ovaries.

Wolff shows that tuberculosis of the ovaries is not so rarely met with as commonly supposed. He investigated seventeen cases of women who perished from tuberculosis, and in five of these he found tuberculous affection of the genitals; in three cases tuberculous disease of the ovaries on both sides could be demonstrated.

Greek Medical Women.

Even in the beginning of the present century the Greek ladies whom Byron admired were obliged to walk veiled, after Asiatic fashion, through the streets of Athens, and they were not allowed their due share in the intellectual culture of the renascent Hellas. It is interesting to learn that a few days ago two young Athenian ladies, the sisters Angelica and Alexandra Panagiotatos, passed their medical examination with brilliant success, and each received her diploma as doctor. The elder is aged twenty-two, the younger twenty. They are natives of Corfu, where they made their first studies, continuing them later in the French school at Athens. They matriculated afterward at the University of Athens.—The Westmister Gazette.

According to the Bulletin of the American Academy of Medicine, the only medical schools in Baltimore receiving official recognition in Connecticut are the Johns Hopkins Medical School and the Woman's Medical College.

PEDIATRICS.

Edited By Edith A. H. Fyffe, M. D., Chicago.

CONSTIPATION IN YOUNG CHILDREN.

By Edith A. H. Fyffe, M. D.

THE late Prof. Chas. W. Earle once said to his class, "Don't dose the little people with drugs; keep them clean, feed them properly, and see that their bowels are kept open. The latter is often a hard task. Constipation is not a disease; it is a symptom. The cause should always be looked for before beginning the treatment. A healthy infant should have two, three, or even four evacuations in twenty-four hours; an older child always one or two. These should be yellow and unformed in very young children, the color and consistency changing with the age, gradually becoming formed and darker.

The causes of chronic constipation, as a rule are, either from some pathological condition of the intestines, or indigestion, or it is the accompaniment of some of the constitutional diseases and those of the central nervous system.

Anatomically the intestines of an infant tend to produce constipation. The small intestine is comparatively longer, and the lumen narrower, than in an adult, as is the cul-de-sac in the sigmoid flexure; the length of the descending colon, small, contracted pelvis, feeble peristalsis, certain pathological condi- fissure of the anus; sometimes large masses of worms, a diminution in the amount of water or intestinal secretions, and from improper food. Bottle-fed infants, on whom "every kind of food has been tried," are the hardest to manage. This is due to errors in feeding. Human and cow's milk being two different things. Constipation is often caused by the lack of fat and too large a proportion of albumoids. Cow's milk, containing less fat and less sugar than human milk. Thanks to Prof. Roach, of Boston, we can now have milk prepared at the laboratory by the physician prescription, in proper proportions to suit each case and so overcome a great difficulty. Infants are often fed on starchy foods and some of the heaviest pre-

pared foods long before the saliva has appeared to do its work in digestion.

A child was brought lately to one of the day nurseries, suffering with marasmus and constipation. The mother was poor and ignorant. She had been feeding the baby, a four months old boy, ever since its birth on cracker crumbs soaked in milk and hot water, and fed out of a spoon. She thought "bottles not healthy." Her children, she said, were all born healthy, but "just pined away." She had lost three. The child was put on modified milk and somatose, with a small dose of cod liver oil, and it certainly is improving. The constipation is being overcome by the diet with no medicine.

Constipation is often the after effect of diarrhœa and the long continued use of those household remedies, castor oil and rhubarb, or repeated use of enema, is beneficial. In the older children lack of attention, irregular hours, indoor life and lack of exercise, and that pernicious habit practiced by so many mothers of tying a child, as soon as it can sit alone, on a "chair," with plenty of toys to amuse it, and leaving it often for an hour or more. The child can easily be taught that the chair is for one purpose only, and a few moments' attention from the mother, or nurse, minus playthings or entertaining will soon establish regular habits.

Another important factor is the lack of fluids. It never seems to occur to many mothers that a child gets thirsty and needs a drink of water, not milk. A baby should always be ordered a drink of water, either a little in a bottle or from a teaspoon, three or four times a day. When they get restless and fretful, and it is not feeding time, a drink will often restore them to good nature.

In the treatment of chronic constipation always look for the cause before giving drugs. If there is some congenital structural difficulty that will not yield to treatment, it should be overcome as much as possible. It is always admissible with a constipated breast-fed infant to have the milk analyzed, and if it is not normal to improve the diet of the mother or supplement the lacking constituents, and if normal a laxative diet will often accomplish the purpose. In a bottle-fed baby nothing is so efficient for feeding as the modified milk. The fat may be increased and the food thoroughly tested each day

till the right proportions of fat and caseine, suited to the individual case, are found.

Massage will often work wonders. A gentle kneading of the abdomen with the tips of the fingers and stroking the ascending, transverse and descending colon. A little sweet oil may be used. This should be done faithfully, five minutes at a time, morning and evening.

In children over two years of age diet is all-important. It is a common theory among the laity that milk is constipating. This is untrue if it is prepared as it should be. To half a glass of milk add two tablespoonfuls of cream and two of water. This will approximately give the right proportions of fat and casein. A starchy diet should be prohibited. The bread must be graham, or graham crackers. A good diet for a constipated child of three years, is to give the squeezed juice of an orange the first thing in the morning. In older children a small glass of one of the natural sparkling waters will accomplish a great deal. If the "bad taste" is an objection a little simple syrup in the glass will overcome that difficulty, and the "soda water" is easily taken. The breakfast should consist of oatmeal and cream, a glass of milk modified, a soft-boiled egg with brown bread and butter. The heavy meal, which should always be given at noon, should be a piece of tender beef and mutton, a baked potato and a green vegetable. For dessert a baked apple or stewed prunes, in summer very ripe fresh fruit and a molasses cookie. Often a peeled raw apple will be very effectual. The supper, which should be taken an hour before bed-time, may be some grits sweetened with molasses, or cream toast, plenty of bread and butter, with some stewed fruit or fruit jelly. A small quantity of home-made molasses candy will delight the child and help the constipation. It should be remembered in ordering fruit for children that berries should never be given to a child under seven, and very sparingly even then.

A suppository that will stimulate the rectum is often all that is required.

This is especially true of infants. Suppositories made of a cone of oiled paper or castile soap are most commonly used, and must always be done the same hour each day. Of the medicated suppositories the pure glycerine or gluten ones are the best, the former being most prompt; the latter, though slower

in action, producing less irritation. If medicine is necessary it should always be given first by the rectum, before disturbing the digestion of a child by giving it by the mouth. A suppository containing small doses of aloes, nux vomica, belladonna and sulphur in cocoa butter, given night and morning, gradually decreasing the size of the doses, and giving only one a day after improvement occurs.

Enemas should never be depended upon to effect a cure. They are only useful temporarily. When absolutely necessary a drachm of glycerine to an ounce of water is the best. When there is fecal impaction, castor oil and oxgall in hot water may be used. Sometimes warm olive oil injected into the rectum, and after that has been cleared out and if the trouble is higher up, use a soap and glycerine enema, given with a rectal tube. Injecting a small quantity of yeast has proved very successful. In one case, after trying everything, a gradual dilating of the rectum accomplished a cure. In obstinate cases an examination of the rectum should always be made if necessary under an anesthetic, and neoplasms or stricture treated accordingly.

Medicines given by the mouth are very unsatisfactory for chronic constipation. Often in anemic children a tonic, with iron, quinine and strychnine, and diet is all that is necessary. The best drug is either the third extract or the aromatic elixir of cascara sagrada, preferably the latter on account of the taste, given in small doses, always remembering that continued small doses are far more effectual than an occasional large one. Where there is much flatulence and the stools are very light colored, give small doses of calomel and soda bicarbonate for four or five nights, followed in the morning with some mineral "soda water." Castor oil should never be given for constipation, nor rhubarb, on account of its astringent qualities. It generally takes a great deal of persuasion to convince the average mother that these are not the two drugs "par excellence." Malt extract or maltine are both easily taken by children. They are laxative in themselves in obstinate cases. In anemic children, malt combined with cascara, taken for some time and gradually tapering off the dose, will often work wonders.

Galvanism is not very successful with children, especially those of nervous temperament, though in cases where it can be used it is very effectual and should be tried after other measures fail. The most reliable cases are in those children in whom absolutely regular habits and diet are insisted upon. Drugs should only be a last resort.

DIETETICS.

Edited By Francis Rutherford, M D., Grand Rapids, Mich.

NUTS AND FRUITS FOR BRAIN WORKERS.

Dr. Sophie Lepper, the English food specialist, says in speaking of the peculiarities of various foods, that—

Blanched almonds give the higher nerve or brain and muscle food; no heat or waste.

Walnuts give nerve or brain food muscle, heat and waste.

Pine kernels give heat and stay. They serve as a substitute for bread.

Green water-grapes are blood purifying (but of little food value); reject pips and skins.

Blue grapes are feeding and blood purifying; too rich for those who suffer from the liver.

Tomatoes. Higher nerve or brain food and waste; no heat; they are thinning and stimulating. Do not swallow skins.

Juicy fruits give more or less the higher nerve or brain, and some few, muscle food and waste; no heat.

Apples supply the higher nerve and muscle food, but do not give stay.

Prunes afford the highest nerve or brain food; supply heat and waste, but are not muscle-feeding. They should be avoided by those who suffer from the liver.

Oranges are refreshing and feeding, but are not good if the liver is out of order.

Green figs are excellent food.

Dried figs contain nerve and muscle food, heat and waste; but are bad for the liver.

The great majority of small fresh seed fruits are laxative.

All stone fruits are considered to be injurious for those who suffer from the liver, and should be used cautiously.

Lemons and tomatoes should not be used daily in cold weather; they have a thinning and cooling effect.

Raisins are stimulating in proportion to their quality.

FRUIT AS FOOD.

Arthur Elliot (Dietetic and Hygienic Gazette, Number XII, 1896), says the sugar and fruit salts, the nutritive principles of friuts, are not changed by cooking. Green, unripe fruit should invariably be boiled before eating. Man cannot live on a fruit diet alone without impairment of his nutrition—a mixed diet is at all times necessary. Fruits differ in their amount of nutritive material. The banana, date, and plantain rank the highest in this respect, each containing enough nutriment to support life for a long period. The fact that many persons cannot digest bananas is due to eating them before they have thoroughly ripened. The real reason why many people cannot digest fruits is because they do not eat them at the proper time. The poorest time, says the author, is at the completion of a meal, when they dilute the gastric juices and embarrass digestion. They should be eaten either at the commencement of a meal or between meals. The author summarizes a few of the uses of fruits as follows: (1) To furnish variety to the diet; (2) to relieve thirst and introduce water into the system; (3) to furnish nutriment; (4) to supply organic salts essential to proper nutrition; (5) to stimulate the kidneys increase the flow of urine, and lower its acidity; (6) to act as laxatives; (7) to stimulate and improve appetite and digestion; and (8) to act as antiscorbutics.—The American Medico-Surgical Bulletin.

MATERNALIZATION OF MILK.

Eminent scientists have been experimenting to adapt the milk of the cow more closely to the needs of the human infant, and they have succeeded in maternalizing it, as it is called, to a most surprising degree. The milk of the cow is richer in salts and proteids than human milk with less sugar. The amount of fatty substances are substantially the same. It is made to approximate human milk by the following process: The quantity of milk needed for the child during the twenty-four hours is poured into a graduated glass jar with a hole near the bottom, corked tight. The jar is then closed with a rubber cover over the top and set away in a cool place in summer and in a warm place in winter. In about four hours the milk separates into the cream and skim milk. A third of the skim milk is then withdrawn through the hole below, and with it a third of the

salts and proteids. The milk is restored to its former volume by adding an equal quantity of water to which have been added lactose at the rate of 35 grams and chloride of sodium one, for each liter. The jar is then well shaken and the contents poured into the sterilizers. If the child does not increase in weight with this according to the normal standards of growth, it is well to add one or two teaspoons of fresh cream each day. This process can be applied on a large scale simply by diluting the fresh milk with one-third of its volume of water, to each liter of which have been added 15 to 20 grams of fresh cream, 35 grams of lactose and one gram of chlorid of sodium.—Dufour in Rev. Mens. des Mal. de l'Enfance for September, Presse Med., November 25.

CYCLING VERSUS MORPHINE.

"In Chicago, that city of hurrying men and women," says the British Medical Journal, "there were, so a popular preacher said not long ago, no fewer than 35,000 persons who actually took hypodermic injections of morphine to save themselves from the pains and terrors of neuralgia, insomnia, nervousness, etc. Cycling has become the rage in Chicago as elsewhere, and the morphine-takers have discovered that a long spin in the fresh air on a cycle induces sweet sleep better than their favorite drug. The result is said to be that the number of those in Chicago who take hypodermic injections of morphine is diminishing. Exercise is the cure for half the ills flesh—and especially nervous, over-wrought, city-bred flesh—is heir to."

DEATH AFTER FLOODING.

Dr. Tarnier (Asclepiad), after pointing out that forceps are seldom or never used in accouchement except in uterine inertia, a source of hemorrhage, and giving an instance or two of the necropsy of women who have died after flooding which was not profuse enough to deplete the circulatory system, advises physicians to be slow in finding fault with a colleague for losing a patient after flooding, as it frequently happens that a healthy-appearing woman may have some radical organic affection coexistent with pregnancy, which may carry her off without the flooding being to blame.

PERSONAL.

The Queen of Portugal is reported to have been experimenting with the X-ray. She has detailed the ladies of her court to serve as subjects, and has been making pictures of their skeletons. It seems that these gave such an alarming insight into the distortion wrought by tight lacing, that the female nobility of Portugal rushed to order gowns six or eight inches wider in their waist measure. It would be a curious instance of the unexpected turns in human affairs if tight lacing, denounced in vain by medicos and moralists, should finally be suppressed by Dr. Rontgen's invention.

* * * *

At a recent meeting of the Board of Trustees of the Jefferson Medical College, Philadelphia, Dr. J. Chalmers DaCosta was elected Clinical Professor of Surgery. Dr. DaCosta has been connected with the College for many years, and has recently been Demonstrator of Surgery and Chief of the Out-Patients' Department. The new appointment is made in recognition of his long service and valuable contributions to surgical literature.

* * * *

Cleveland, Ohio, has one woman pharmacist, one undertaker, twenty physicians, in active practice, and now she has added a woman dentist—Florence Taylor, D. D. S., graduate from Ohio Dental College. She is working up a good practice, having been here since May, '96.

* * * *

The question is now being discussed in Chicago as to whether physicians should wear beards. One doctor has declared that the day is not far distant when all physicians will go cleanly shaven. It is claimed that beards aid in spreading contagion.

* * * *

According to the Supreme Court of Illinois, no physician is compelled to report contagious disease, or do any other public duty, without special compensation.

* * * *

The death of Dr. Eleanor C. Leggett, of Flushing, New

The East Anglian Branch of the British Medical Association has placed Mrs. Garrett Anderson in its Presidential chair. Those who can recollect the effervescence of conservative indignation which was evolved not very many years ago, when it was first proposed to allow a female even to be a member of the Association, and those who can look back upon the triumphal progress of the medical women through universities and colleges, and have observed the firm and determined tread with which they have marched over all obstacles, will be very certain that the victory is theirs, and that resistance, collective or individual, is useless. It may be that the next century will see a woman physician elevated, as a successor to Lord Lister, to occupy a Peeress's seat in the House of Lords (and Ladies).—The Medical Press.

* * * *

The Northeastern Medical Society of Michigan held its forty-fifth annual session at Flint, February 4. Officers elected were: Dr. Elizabeth Farrand, Port Huron, President; Dr. C. B. Burr, Flint, Vice-President, and Dr. A. J. Abbott, Emmett, Secretary.

* * * *

Dr. Laura Leibhardt, of Denver, Colorado, has recently been elected secretary of the Colorado Medical Library Association. The association has a library of 1,300 volumes.

* * * *

York, occurred last January. Dr. Leggett was a member of the class of '73 which graduated from the Woman's Medical College of the New York Infirmary.

* * * *

Vaccination has just been introduced in Afghanistan, by the advice of Miss Hamilton, an English physician, who is in attendance upon the ameer.

* * * *

The Johnson County (Iowa) Medical Society has elected Dr. Elizabeth Hess President.

———o———

The Cincinnati Eclectic Medical Society has elected Dr. Janet D. Quinn Secretary.

———o———

Mary Bates Stevens, M. D., died at South Turner, Minn., on February 15.

BOOKS.

The American Year Book of Medicine and Surgery, published by W. B. Saunders, 925 Walnut Street, Philadelphia. Sold by subscription only. Price, cloth, $6.25.

There are every year a number of Year Books brought before the medical profession. The American Year-Book ranks among the first. It is more complete and gives the practical points from standard authorities. Contents: General Medicine, General Surgery, Obstetrics, Gynecology, Pathology, Pediatics, Nervous and Mental Diseases, Orthopectic Surgery, Ophtholmology, Otology, Diseases of the Nose and Larynx, Dermatology and Syphilis, Materia Medica, Experimental Therapeutics and Pharmacology, Anatomy, Physiology, Medical Jurisprudence, Hygiene and Clinical Chemistry.

The list of plates is large and exceedingly fine and true. General Medicine covers a field in a methodical and concise manner. Much general information can be gleaned from this all-important subject.

General Surgery embraces the whole subject. A physician can use this section and feel he has gotten what he wanted, to date. In Obstetrics the physiology of pregnancy is extremely interesting. It contains some valuable suggestions. The whole subject of midwifery is up to date and well worth reading carefully, and can be relied upon as good authority.

Gynecology is one of the well-written subjects. Preliminary and General Considerations of Neurasthenia in Women is very practical, and throws out some useful hints for the practitioner. The treatment of Gonorrhœa in women as given by the author might be open to criticism.

The author's remarks on the urinary organs are worth the price of the book.

Pediatics covers the ground very thoroughly. Nervous Diseases is very comprehensive and well worth reading carefully.

If space would permit we might go on enumerating the good features of each subject, and, to sum it all up, we can say the Year-Book is one of the best ever brought before the medical profession, and every physician should add it to his library, for it is invaluable.

To the publishers praise is due for the neat and artistic appearance of the book.

LILLIAN G. TOWSLEE, M. D.,
554 E. Prospect St. Cleveland, Ohio.

BICYCLING FOR WOMEN.

THE question of the healthfulness of bicycling for women is still under discussion. We are continually being questioned by fathers and mothers as to the advisability of their daughters riding wheels. While some physicians ride and unhesitatingly advocate the use of the wheel for all women, others are more conservative and recommend the wheel if it fits the rider and she is not tired by its use.

It remains with our Canadian brethren to put the objection to the wheel in its vilest and most objectionable manner. The editor of the Dominion Medical Monthly says that "the consensus of opinion is increasing overwhelmingly day by day that bicycle riding produces in the female a distinct orgasm—and even if an orgasm is not produced the continuederethism is decidedly more injurious and tends to the production of nervous diseases and the general breaking down of the system. The only contention that can be made is that the orgasm or erethism is not produced. This we know to be absolutely untrue."

Now, in our opinion the editor of the Dominion Medical Monthly has generalized over a special case. There is no doubt that the horn of the ordinary saddle presses against the vulva and produces many cases of vulvites, abscess and inflammation of the bladder. Many ladies have given up the wheel on account of undue pressure, others are constantly changing saddles, for the same reason.

The ideal saddle is one which allows the rider to sit down and not straddle a narrow piece of leather.

The horn of the saddle should be short, yet long enough to keep the rider from slipping sidewise.

The spring should be such that when the wheel is jolted the horn will drop with the rider and not rebound against her. When all these qualities are combined the saddle cannot injure in the slightest degree.

We have examined the Boice Ladies' Saddle, and find that it covers all these points. It is a broad, padded seat with a short horn, yet long enough for support, has the elliptical spring so arranged that any amount of jolting will not cause the horn to spring up. It is a handsome, durable, perfectly fitting saddle, made by a practical mechanic under the direction of a physician.

In fact, it is the ideal ladies' saddle, and we do not hesitate to say that with the perfectly fitting saddle such as the Boice Ladies' Saddle, that bicycle riding for women is one of the most healthful as well as the most fascinating amusements.

SOME IDEAS ON ALTERNATIVES.

The word "alterative" is construed by a great many medical writers as a term that can be applied to any drug or remedy of whose therapeutics not much is known, and less written. Consequently our materia medica is full of so-called alteratives, many of which are seldom used and possess an action far different from that ascribed to them, but for want of a better term are thus denominated.

According to Brunton an alterative is a drug that improves the general condition of the body, stimulates nutrition, and regulates the waste elimination without exerting any perceptible action on individual organs.

This clearly defines the therapeutic action of those drugs called alteratives, a study of which is always interesting since it is to them that much of the success in the treatment of chronic diseases is due.

The knowledge of the fact that a great many chronic diseases and conditions are amenable to treatment with benefit by alteratives is not by any means confined to the profession of medicine, but it has reached the laity and has spread through all the length and breadth of the land, as is evidenced by the general use of what are known as "blood purifiers," some of which have an enormous sale.

It is, therefore, essential to the physician to be acquainted with the drugs which are thus employed, as there is scarcely a condition of a chronic nature in which a tonic alterative will not be of benefit. Every physician must have noted that there are always a certain number of patients among his clientele who may be called "regulars," who require a course of medical treatment about once every month or two, in order to preserve their peace of mind, if not that of their body; who come with a train of symptoms, as varied and as remarkable as they themselves are, and which are withal so vague and incomplete that no earthly physician can diagnose their troubles, who, nevertheless, will be greatly benefited by an alterative which will improve the nutrition, eliminate waste, and not effect any individual organ.

Without doubt our best alteratives are to be found in the vegetable kingdom, and these have the advantage of being free from harm in prolonged administration, which cannot always be said of the indiscriminate use of such powerful mineral substances as mercury or arsenic. Another advantage can be attained in the use of vegetable remedies in the preparation of the green drug, upon which point I believe almost all authorities agree.

There has been, however, on the part of our manufacturing chemists, somewhat of a tendency to ignore the demand for green drug extracts, so that it has become almost impossible to obtain reliable extracts, which are made from the green drug.

However, we have one preparation of this character that experience has proved reliable, and which for certain therapeutic action is unsurpassed. I have reference to that known as iodia, which is composed of the active principles obtained from the green roots of stillingia, helonias, saxifraga, and menispermum, to which are added ferri phosphatum and potassium iodid. In theory this preparation presents an ideal formula, while in practice it produces certain beneficial results.

In addition to those cases mentioned as being susceptible to marked benefit by the use of an alterative such as here indicated, this preparation has another and perhaps more important action, that of certainly curing syphilis. I have had ample opportunity to test this remedy in cases of syphilis in all stages, and I am in a position to positively assert that in this disease we can find nothing which gives more promising effects, and which allows us to give more encouragement to the unfortunate victims.

I report a few cases that have come under my care a year or more ago, were treated with iodia, and have remained free from the disease to the present time:

Case I.—Male; age, forty-four; married; had contracted syphilis about three years before consulting me. He gave a clear history of primary sore, followed by the usual symptoms, and was treated by another physician at that time. He had possession of the prescriptions which he had been using, and they were shown me. Large doses of corrosive sublimate had been prescribed, with arsenic iodid and sarsaparilla. He seemed to improve rapidly, and after a time discontinued treatment. He consulted me for relief from a bursa of the right elbow, which he had been treating with external applications, without relief, of course. In inquiring into his history I asked him whether he ever had syphilis. "Three years ago," he replied, "but that's all right now." I told him plainly that his present trouble undoubtedly was caused by the disease which he had contracted at that time, and that doubtless other signs of the disease could be found. Inquiry further revealed dull pains over the region of the liver, much dull headache, and a peculiar scaly condition of the nails.

I promptly told him that he would require active and persistent treatment to overcome his trouble; explained to him that there was internal indication of syphilis, which would sooner or later be the cause of much mischief if not corrected. With the understanding that he would continue six months at least, I put him on iodia, one teaspoonful three times a day, gradually increasing to one and a half teaspoonfuls. I furnished him with a month's supply, and did not see him until some thirty days after his first visit, when he returned to my office. The bursa had almost entirely disappeared, and he said he was feeling very much better "all through" since he had

been taking the medicine. I gave him another month's supply and did not see him again until the medicine had been taken. No vestige of the bursa remained, and as he was feeling very well, it was with the greatest difficulty that I persuaded him of the necessity for continuing the treatment. He, however, did as I requested, and at the end of six months I allowed him to cease treatment and await developments. In an interview with him a few weeks ago, eleven months after treatment was stopped, he reported himself entirely free from anything which could be ascribed to syphilis.

Case II.—Female; age, thirty-one; occupation, servant. Consulted me with the following history: Severe dysmenorrhea, itching sensation all over the body, dull headaches most of the time, leucorrhea occasionally, and a general feeling of malaise and despondency. Told me that another physician had treated her for syphilis, which she had contracted several years before, at the age of twenty-six, and she was intelligent enough to know the virulence of this disease, and ascribe her ailments to it. Treatment with iodia gave marked benefit, and in due time effected a cure, the dysmenorrhea ceasing to be so severe at her first menstruation following treatment, with a total relief lasting over a year, to the present time.

Cases of this kind could be multiplied, but rough outlines are only given to acquaint the reader who may not have given this remedy a trial of its good results. I have found it especially valuable in cases requiring a uterine tonic and general tonic. Those stubborn cases of leucorrhea, ovarian pains, bearing down sensations, etc., will be found, in most cases, where there is no organic trouble, to respond to this treatment. In certain skin diseases, where there is a tendency to scaly formations, itching, or persistent ulcers, with suitable local treatment the remedy will be found a most valuable adjunct.—Med. & Surg. Reporter, Jan. 16th, 1897.

THE TREATMENT OF STRANGULATED HERNIA.

At the thirteenth annual meeting of the New York State Medical Association, which was recently held in New York City, City, Dr. Frederick Holme Wiggin, of New York county, presented a paper with the above title. The chief cause of the occurrence of faecal fistula was stated to be the delay in resorting to operative measures to which patients suffering from typhloenteritis, or strangulated hernia, were frequently subjected while their ailment was carefully diagnosticated. The view recently advanced by a writer on the subject under consideration, that the best treatment for this condition consisted in its prevention, was concurred in. But in the case in which this mishap had occurred, it was pointed out that if the opening was of small size, was located near or below the ileo-caecal valve and no ob-

struction to the faecal current existed, operative measures might be deferred, as in most instances the opening would close in a short time spontaneously. On the other hand, if the bowel opening was of large size, was situated laterally, or some distance above the ileo-caecal valve, and was accompanied by the escape of a large proportion of the contents of the bowel, operative procedure for the closure of the opening should be speedily undertaken.

The histories of three cases, successfully treated by surgical measures, were cited. In two instances, the patients were inmates of the Hartford (Connecticut) Hospital, and were operated upon by Dr. Wiggin, by reason of an invitation which was extended to him by the medical board of that institution, after several previous unsuccessful efforts to close the bowel openings had been made. The occurrence of the fistulous opening was due in the first case to failure, and in the second case to delay in resorting to surgical treatment of typhlenteritis, from which disease both patients originally suffered. In the third case, the bowel opening was caused either by the pressure of the gauze used to drain the abscess cavity, or by an ulcerative process which originated from within the gut. In the first case, as the opening of the bowel was of large size, irregular in shape, and the gut was thickened and friable, the diseased portion of bowel containing the opening, about four inches in length, was excised, and the divided ends joined by the suture method of Maunsell. In the second and third cases, the bowel openings were situated in the head of the colon, and were in both instances closed by means of several rows of sutures, after which the omentum was drawn over the former site of the fistula, and retained in position by sutures.

In describing the technic employed, the writer laid much stress upon the following points, viz.: the thorough disinfection of the parts, including the interior of the bowel, with hydrozone, the closing of the intestinal opening, when possible, before the breaking up of the peritoneal adhesions, and the opening of the general cavity, the removal of any existing obstruction to the faecal current, the disinfection of the bowel surface with a solution of hydrozone, before and after the placing of the sutures, the control of oozing from the cicatricial tissue by the same means and the closure by a single row of silk-worm gut sutures without drainage of the abdominal wound after the washing of the peritoneal cavity with saline solution, some of which is allowed to remain.

In concluding, the writer stated that ever since September, 1893, when he had proved the value of hydrogen dioxide as an effective anti-septic, which in proper solution did not unduly irritate the peritoneum, when followed by a six-tenths per cent. saline solution, he had had little reason to fear the danger of causing septic peritonitis from the accidental escape of pus or

faecal matter while operating; and that when this complication had occurred, it had been invariably successfully met by the use of hydrogen dioxide in the manner described in the paper. He advised the excision of the diseased portion of the gut in those instances where it had become much thickened and friable, and expressed the belief that with a clearer understanding of the objects to be attained by operation—i. e., the restoration of the integrity of the intestinal canal, as well as the closure of the opening in the bowel—future operations for the cure of faecal fistula would more frequently result successfully than they had in the past.

The paper was discussed at some length by Dr. H. O. Marcy, of Boston, and Dr. Joseph D. Bryant, of New York county, who commended it, and in the main, they endorsed the writer's views.

CLEANLINESS IN CATARRH.

Dr. Edwin Pynchon, in an article in the Annals of Ophthalmology and Otology, calls attention to the widely varying formulae of Dobell's Solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh.

Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant that to people of moderate means the expense is a serious factor, while to the poor, it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use, and go back to the home remedy of salt and water of varying strength, and usually with disastrous results.

The Seiler's tablets, made by different manufacturers, also vary in strength and composition, and our experience has taught us that several of those on the market can not be used without causing great smarting, and even pain.

The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis, should be of about the specific gravity of the serum of the blood, and this is acquired in the solution advised by Dr. Pynchon, which is as follows:

℞	Sodae Bicarb	2	ounces.
	Sodae Biborat	2	ounces.
	Listerine (Lambert's)	8	ounces.
	Glycerine	1 1-2	pints.

One ounce of this formula added to a pint of water, yields a bland and pleasant alkaline solution with a specific gravity of 1.015.

The addition of the Listerine takes the place of the carbolic acid in the original formula, and is a decided advantage, as it imparts a pleasant taste, and is quite as efficacious as the acid.

The common use of Listerine and water should be super-

seded by the addition of the alkaline solution given, and in the preparation thus made we have all the advantages of any cleansing agent, and it can be furnished at a price commensurate with all pockets.—Atlantic Med. Weekly.

URIC ACID TOXAEMIA.

The investigations of recent workers in the field of pathology have served to emphasize the fact that many of the ills to which the human body is heir are the result of auto-intoxication. That is, the organism is poisoned by the effete products evolved in its own destructive metamorphosis, which, owing to excessive formation of imperfect elimination, are retained in the blood. Among these toxic substances uric acid is responsible for a long series of affections conveniently grouped under the name of the uric acid diathesis. While this fact is now generally admitted, there is still quite a difference of opinion as to the best means of neutralizing the effect of uric acid upon the tissues. It would seem natural to assume that any drug which will keep this substance soluble in the blood, prevent its deposition in the form of urates, and thus favor its elimination, which takes place chiefly by the kidneys, must occupy an important part in the treatment. There is abundant evidence to show that Lycetol exerts a specific influence upon uric acid, keeping it in a soluble state and facilitating its removal from the system. Its administration in cases of the uric acid diathesis is promptly followed by an increase in the excretion of urates in the urine, while at the same time there is a decided improvement in the symptoms. In arthritic cases the pains are speedily relieved and under continued administrations of Lycetol the uratic deposits are gradually absorbed and the mobility restored, or, at least, much improved. All this is accomplished without disturbance of the appetite or digestion, and owing to its pleasant taste the remedy is willingly taken even by fastidious patients. It is important that Lycetol be taken in an abundance of carbonated water to insure its full therapeutic action, or it may be prescribed in form of "Lycetol Gout Water," which is a convenient and effective mode of administration.

What would an American physician think of a patient who should offer him twelve cents for a call, and a dollar and a half for an obstetric case with attendance for six days? This is the stage to which practice has come in some parts of England. Lodge service and dispensary service have done it.

A mother ten years and two months old wth a plump, healthy baby, is reported by the American Journal of Surgery and Gynecology as probably the youngest yet heard from.

J. L. Ridley, M. D., Huntsville, Ala., says: I have used S. H. Kennedy's Extract of Pinus Canadensis, both White and Dark. I can frequently cure gonorrhea without any other remedy. I use either as an injection, and prescribe the Dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitus I have derived great benefit from it, and in leucorrhea it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it.

Resinol is daily proving its great therapeutic value, not only as a prompt anti-pruritic and sedative, but it stands forth unique and pre-eminent in its power to subdue localized pyrexias. And it is equally as applicable and efficacious in inflammations of mucous surfaces, as of the cuticle. It has proven of extraordinary utility in catarrh of the nasal passages and also in inflammation of the cervix uteri. And we believe its field of usefulness can be extended to cover any part to which the remedy can be applied.

If you want a chemically pure Cocaine Muriate, in handsome, large crystals, free from every impurity, the highest standard produce—specify Boehringer's.

If you want an absoltuely pure quinine sulphate, in light, flocculent crystals, the finest and best made—specify Boehringer's.

If you want standard chemicals, alkaloids, etc.—such as atropine, codeine (pure, phosphate, sulphate, etc.), chloral, eserine, resorcin, terpin, hydrate, etc.—specify Boehringer's.

Wholesale and retail druggists throughout the United States carry Boehringer's (B. & S.) products in stock to promptly supply all demands; and if information is wanted, enquiries addressed to the firm will receive prompt attention and response.

The following, taken from The Medical Press, compiled by Professor Belman, of the University of Bonn, relates the career of a notorious drunkard who was born in 1740 and died in 1800. Her descendants numbered 834, of whom 709 have been traced from their youth. Of these 7 were convicted of murder, 76 of other crimes, 142 were professional beggars, 64 lived on charity, and 181 women of the family led disreputable lives. The family cost the German government for maintenance and costs in the courts, almshouses and prisons no less a sum that $1,250,000; in other words, just a fraction under $1,500 each. It would probably be difficult to find a more remarkable example than this of the evil effects of the transmission of hereditary defects.

The Woman's Medical Journal.

VOL. VI. *MAY, 1897.* *No. 5.*

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY
Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY
Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.
Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.
Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.
Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager

ORIGINAL.

MENAPAUSE.*

By Mary A. Whery, M. D. Ft. Wayne, Ind.

THE change of life—or menopause—marks the ending of the period of ovarian activity. It has no fixed term, and may occur from the age of 36 to that of 56. Generally the women who begin to menstruate late cease to menstruate early, because they have a feeble constitution.

The connection between ovulation and menstruation is recognized; but ovulation generally occurs long before menstruation is established, and sometimes ceases before the menopause. There are, however, some instances of conception occurring after the menstruation seemed to have entirely ceased. The establishment of the menopause is followed by the atrophy of the ovaries and womb.

The occurrence of sanguineous discharges from the uterus, mostly at irregular intervals, is a matter for anxiety, as these are hemorrhages and are sometimes so profuse as to be very dangerous. This is time, too, when malignant growths often appear, and hemorrhages may be their first symptoms. But if the flow be not connected with cancer or be not excessive, it is beneficial, relieving the congestion of the blood vessels and in-

ternal organs, in the same way that for perhaps thirty years before they were periodically relieved.

The utility of letting blood from a vein in the arm now and then during this trying period has many advocates, and seems a very rational mode of treatment. The condition of the uterus after the change of life, has been studied in cases where an artificial menopause was produced by removal of the ovaries. The endometrium was found to be poor in cells; the ciliated epithelium being replaced with cubical epithelium with granular nuclei. In some places the epithelial was directly continuous with the muscular layer, while in others the mucosa was one-half a milimeter in thickness. The glands were small, and often cystic; some were without external openings, and a few were seen in the muscular layers. This latter was atrophied while the connective tissue was increased.

Either fatty degeneration or round cell infiltration was observed, and the openings of the tubes were obliterated. This description is a fair picture of the appearance of senile atrophy of the uterus resulting from the menopause. The digestive organs are often seriously disordered. Dyspepsia, congestion of the liver, constipation or diarrhœa, and a tendency to obesity, are the most prominent changes of nutrition. The diarrhœas are beneficial, and are preferable to constipation, which is often associated with vertigo and severe headaches. The nervous system is generally very badly deranged. The patient becomes timid and nervous, with a tendency to hysteria. The brain is occasionally affected so as to produce loss of memory, aphasia, or paralysis. These patients are very prone to acquire the habit of using morphia, chloral, alcohol and other stimulants of the brain; and therefore such drugs should never be prescribed for them at this critical period. There are two distressing sequences of the changes of life that are so frequent as to deserve mention. One is the so-called hot flashes, or sudden rises of temperature with congestion of the head and lungs, and a sensation of faintness and difficult breathing. Nerve stimulants are the most effective remedies, but are not sufficiently satisfactory.

When we know more about the cause of heat production in the body and the influence of nerves in inhibiting it, we shall be better prepared to treat this symptom. The other trouble following the menopause is senile catarrh of the uterus. This is often accompanied with constriction of the os. The dis-

charges generally tend to create prurites and eczema of the vulva, and cause great distress. The remedy for this is great attention to cleanliness, and applications of picric acid lotion, or black-wash. It is very important that patients, during the change, should pay particular attention to diet, exercise, and all that constitutes a good hygienic condition. Change of air, cheerful society, and pleasant occupations, are very helpful at this time. There is a tendency in many women to become very religious at this period of life, and to spend much time in reading theological books, which unduly strain their mental powers. It would be better to keep this tendency in moderation; for there is danger of melancholia or excitement following from brooding too constantly on such serious subjects of thought. There are numerous special symptoms that occur in some cases, but are absent in others. It is not necessary to recount them here. The practitioner will be prepared for various eccentricities in his patients, but he should guard himself against a too great readiness to attribute everything that his patient complains of to the change of life, and regard it as only a passing symptom of a limited period. Every complaint should be seriously listened to and carefully examined.

It will often be found that the menopause has no direct relation to symptoms that develop during its occurrence, but that they are the first warnings of a graver trouble that ought to be diagnosed early in its course. Most of the apprehensions with which women regard the change of life are exaggerated or unnecessary. There is no such danger in the period as the public seems to believe. By far the larger number of women pass through the change without any detriment to their health, and after it their expectation of life is better than that of men of the same age. The sufferings of the menopause are often very much less than the dysmenorrhea of young girls. It is often the nervous excitement and impatience that characterize this stage of life that render suffering so intolerable. The duty of the physician is to mitigate these sufferings as much as possible by judicious hygienic measures, and to sustain and encourage the sufferer until her mental strength and good sense resume their sway.

She then becomes in a true sense a new woman. She has reached the third and probably the happiest stage of her life. She is relieved of many cares and inconveniences, and can for

the remainder of her days devote herself to the enjoyment of existence and the good works that religion and humanity prescribe. DR. MARY A. WHERY.

*Read at the Upper Maumee Valley Medical Association.

PERSONAL.

Dr. Columbia Rivera has been licensed as a practicing physician, and appointed to the Women's Ward of San Andres Hospital. She is the first woman in Mexico to obtain such a position.

The Tsar has given a sum equivalent to $30,000 for the erection of dormitories for the students of the St. Petersburg Medical Institute for Women of the orthodox faith.

Dr. Mary Olivia Nelon, of Asheville, N. C., has a very excellent article on "The Competition of the Sexes" in The Magazine of Medicine, published at Atlanta, Ga.

Dr. Ida Beaver read a very interesting report of "Some Fifteen Cases of Continued Fever" at a meeting of the Woman's Clinical Society of Denver, Col., last month.

The American Pediatric Society will hold its ninth annual meeting at Washington, May 4, 5 and 6, 1897. Among others, Dr. Wm. Osler will read a paper entitled "Adherent Pericardium in Children,' 'and Dr. W. F. Lockwood will report a case of Varicella Gangrenosa.

The bulletin of the Medical Society of the Woman's Medical College of Baltimore, Md., which is just out, announces the appointment of Dr. John R. Abercrombie as instructor in materia medica at the college and Dr. R. H. Johnston as instructor in physical diagnosis.

Medical Degrees for Women in Austria.—The correspondent of the Medical Press writes that for the first time in Austria the degree of doctor of medicine was conferred on April 2d, in Vienna, upon a woman, in the person of Baroness Possaner von Ehrenthal. She matriculated in Vienna, and studied later in Zurich, where she obtained the M. D., but she had to pass another examination in order to have that degree confirmed in her natie country. The rector of the university, in congratulating the new doctor, remarked that when women occupying thrones, can, by their wisdom, obtain immortal fame in history, the time

had certainly arrived for considering the sex eligible for university degrees.

The Commencement of the Johns Hopkins Medical School will be held in June, at the same time as that of the other departments of the university. There are one hundred and twenty-seven students in the medical school, of whom twenty are women, with seventeen students in the graduating class; one is a woman. This is the only medical school in the country that requires an academic degree for admission to its school. Harvard will make the same requirement after 1899.

Dr. Mary A. G. Dight, who left a large practice in New Orleans will accept a call to the Woman's Hospital in Philadelphia, has been re-elected physician-in-charge. Nearly one thousand patients were treated last year. There is a training school for nurses connected with the hospital.

Dr. Emma Wakefield, a colored woman, has received a license to practice medicine from the Liuosiana State Board of Medical Examiners. She is the first woman of her race to receive a medical license in the South, and, it is claimed, in the Union.

The trustees of Drake University, Des Moines, have unanimously decided to reverse the order of the medical faculty, excluding women as students, because women had been subjected to insults which could not be well avoided. The trustees passed a resolution strongly condemning such action and providing for the protection of women students. They say no such action will ocur in the future. Students offending will be expelled.

Dr. Mittie Bradner, who has been practicing in Denver for several years past, is now located in Waco, Tex.

The Woman's Medical College of the New York Infirmary was burned on April 22d, all the specimens in the museum, the scientific apparatus, and the library being destroyed. The college building only was burned; the adjoining infirmary, in which there were at the time about sixty patients, being saved by the firemen. The building was erected only about seven years ago, but the trustees will now put up a larger and fireproof structure in its place, and they hope to have the new building ready for the opening of the college in October next. The infirmary was the oldest hospital for women in the country, having been founded in 1854 by Drs. Elizabeth and Emily Blackwell. The latter is now dean of the college. The Woman's Medical College of the New York Infirmary has lately received

two legacies of $25,000 and $30,000 toward a fund for securing them a $250,000 college building.

There is much agitation at present among the women in the profession of Denver over the action of the advisory board of the County Commissioners in refusing to admit women graduates from the various medical schools of this city as internes to the County Hospital. The women are thoroughly aroused over what they claim is a gross injustice and by concerted action and agitation of the question through the faculties of the medical schools and the Woman's Club they expect to gain their point.

The Medical Women's Club, of Chicago, met March 15, and after adopting a new consitution, elected Dr. Mary A. Seymour, president; vice-president, Drs. Odelia Blinn, Sarah A. Conrad and Sarah B. Duncan; secretary, Dr. Helen M. Parker.

Dr. Pauline Emerson Canfield, for many years one of the best known practitioners of Kansas City, died at the home of her sister, Mrs. Schroeder, of Toledo, Ohio, lately, after an illness extending oer a period of several years.

Retention of Pessary.—H. W. Godfrey recently removed from a patient a circular wooden pessary which had been worn continuously for thirty-three years. The writer saw a retroversion hard rubber pessary cut out which had been worn for nine years. It was deeply imbedded in the vagina. It required an anaesthetic.

* * * *

Prevention of Pelvic Diseases.—The causes of pelvic diseases demanding preventive treatment include imperfect development of the sexual organs. Peterson advises restriction of hours of study and an abundance of out-of-door exercise for girls before puberty. He also urges their education concerning sexual functions, and that of boys in regard to the dangers of gonorrheal infection. The importance of the repair lacerations due to childbirth is considered, also the necessity of strict cleanliness in obstetric practice in order to avoid sepsis after labor or abortion. The profession is urged to oppose the criminal abortionist by example and by enlightening patients concerning the dangers of the practice and the enormity of the crime.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor Women's Medical Journal, Toledo, Ohio.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations urnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in *The Woman's Medical Journal* will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

EDITORIAL.

A REAL HOBGOBLIN.

THE fiscal year of most of us is nearing to a close, for we all of us use our graduating day as a sign-post on the road of time to mark the path of progress.

Coming fresh from college, the face of the world that is presented to us is new, bright and inviting. All nature holds out its hands to us and bids us welcome to the most lavish hospitality.

The future is not dim, but is pregnant with bright prospects and we accept future responsibilities, as well as present trials, with cheerful alacrity. Why not? We are young, strong and wise. Of course we are wise. Have we not a diploma, and was not our thesis an able exposition of known law and scientific application of exact medication? Did not our professors say Amen and bid us God-speed, while our admiring friends cheered us onward as unparalleled paragons of intuition, perspicacity and wisdom? So why hesitate, when everything beckons on?

The seductive agent calls and assures you that your credit is unlimited; you may have all that you choose, and the house will await your pleasure in paying, and moreover, will arrange to accept monthly stipends of two or three dollars per month, adding, "You certainly can take care of that!" Now right here is where the beginning of your trouble is located. A debt is a debt, no matter how you fix it, and one of the things to be avoided, if you would attain success, is the Moloch debt. Don't anticipate your revenue, however beaming the outlook. Worry has spoiled more careers in medicine, as well as out of it, than the finest opportunities united have ever pushed to ultimate success.

Young women starting out in life, just as young men under similar conditions, are easily diverted from the best path, and we fain would add our message to assist some one in keeping to the road that leads to all that is best for the individual, for the country and for humanity. It is the little things that count—the small deviations that tell. Experience, that great, but merciless teacher, has impressed us with many truths along with the whitening of our hair, and none seem more potent than the message, "Keep out of debt!"

A STEP FORWARD.

DRAKE UNIVERSITY, of Iowa, has put itself on record as discountenancing the efforts that are made in many coeducational colleges "to freeze the women out." Not an elegant phrase, perhaps, nor yet a pleasant fact to face, but we are all aware of this condition which exists in many institutions where men and women abide that they may gain a profession.

Whether it be true that men fancy we are usurping their functions when we matriculate, or whether it is from sheer perverseness, we do not know. But we are aware of this—that many unpleasant methods are permitted in colleges, that do not come under ban nor interdiction.

Lewd pictures, coarse jokes, vulgar innuendos seem to have become so inherent in many colleges that when it becomes a question between them and women, they prefer the former. Truly a pitiable comment on the coming men of the profession. Does a man cease to be a gentleman when he matriculates? A woman insists on her womanliness, and we are glad to say holds to it, through the trials that her brother students thrust in her path.

We note with pleasure, therefore, the manly stand of the trustees of the Drake University, and feel convinced that when the young men come to their senses they will be as thoroughly ashamed of themselves as the gentlmen of the profession are of of them.

WHAT IS REQUIRED.

RESOURCES are what count in the practice of medicine to-day. The man or woman who is fertile in resources in a pinch, who is quick to act and prompt to take advantage of conditions, is the one who will have the practice.

To act, that is the thing, and whether you know or do not know, to keep cool and do the best possible.

Strange as it may seem, even the youngest of us is supposed to be well nigh infallible when in the sick room. But to keep confidence we must act—do something—if it is only administering a placebo. This trait, for it is that, if we do not have it, may be acquired. Better make a mistake through over-exertion than through inaction. A young man asked one day how to gain the confidence of his patients. It may all be summed up in the one word—Act!

MEDICAL REFORMS.

Valedictory Address

By Elizabeth Campbell, M. D., of Cincinnati.

The valedictory at the recent commencement of Laura Medical College was pronounced by Dr. Elizabeth Campbell. Dr. Campbell was not chosen for this honor because a member of the graduating class, but, as is the custom at all medical colleges, because she has achieved distinction in the profession. As Dr. Withrow said in introducing her, this is the first time this honor has ever been conferred on a woman in Cincinnati. For this reason her address is given in full.

DR. CAMPBELL'S ADDRESS.

Olive Schreiner, in one of her dreams, tells of a certain hunter who one day saw in the blue waters of the lake at his feet the reflection of a wondrously beautiful white bird. A longing to know what it was, to find it, filled his heart. After long, fruitless search he met an old, old man who called himself Wisdom. The hunter asked him if he knew the great white bird he had seen sailing in the blue. Wisdom told him the bird was Truth, and a man, having once seen her, never rests again—till death he desires her. The hunter constructed a net with the shuttle of his imagination and the thread of wishes, throwing into it a few grains of credulity. Many wonderfully beautiful birds were captured, and the people in the valley worshiped him and the birds he had caught for them. He built a strong iron cage for this treasures, and was glad with the people, as he hoped continually that some bird would soon moult its feathers and the beautiful white form of Truth would appear. Time passed, and the poor hunter realized that his charming songsters were false. With heavy heart he sits alone, pondering upon the mighty problem of finding Truth. Wisdom again appears, and the hunter tells the old man what he had done.

Wisdom smiled sadly. "Many men," he said, "have spread such a net for Truth, but they have never found her. On the grains of credulity she will not feed. In the net of wishes her feet can not be held. He who sets out to search for Truth must leave these valleys of superstition forever, taking with him not

one shred that has belonged to them. Alone he must wander in the Land of Absolute Negation. He must abide there. He must resist temptation. When the light breaks he must rise and follow it. The mountains of stern reality will rise before him. He must climb them. Beyond them lies Truth."

"And will he hold her fast? Will he hold her in his arms?" the hunter cried.

Wisdom shook his head. "He will never see her—never hold her. The time is not yet."

"Then there is no hope!" cried the hunter.

"There is this," said Wisdom. "Some men have climbed on to those mountains, circle after circle of bare rocks they have scaled, and wandering there in the high regions some have chanced to pick up on the ground one silver white feather dropped from the wing of Truth. And it shall come to pass," said the old man, raising himself up prophetically, "it shall come to pass, when enough of those silver feathers shall have been woven into a cord, and the cord into a net, Truth may be captured. Nothing but truth will hold Truth."

The hunter rose. "I will go," he said, but Wisdom detained him.

"Mark you well. Who leaves these valleys never returns to them. Upon the road which you would travel there is no reward offered. Who goes, goes freely for the great love that is in him. The work is his reward."

Wisdom vanished. The hunter turned and broke the iron bars of his cage, setting free his captured birds. The people finding their idols flown howled with anger and despair, stoning him as he crept away into the woods. Bruised and bleeding, he began to wander in the land of Negation. Finally a light breaks. He sees the mountains. With songs of joy he begins to climb.

Up and up the steep, jagged sides. Now a solid stone wall. Against this, after years of labor he rears a stair, only to find another circle of impassable stone. Old and dying, he at last scales this wall, only to see others towering up into infinite space. Realizing that his work was done, that he would never find Truth, he lay down to die. But a strange peace and joy crept into his heart as he remembered that other seekers would climb by the stair that he had built, laughing probably at his clumsy work, but nevertheless using the steps, cut with such marvelous patience, made possible by intense longing. Then

slowly from the sky above the barren rock came something falling softly. It fluttered down onto the breast of the dying man. He felt it with his trembling hands. It was a silver-white feather. He died holding it.

THE SEARCH FOR THE TRUTH.

The hoary head of the spirit " medicine man " can be traced as it toils up the steep mountain side seeking—ever seeking—Truth. Sometimes we know the spirit as Æsculapius. Again, Galen. Another generation may know it as Harvey, and then again as Jenner. A Lister,, Koch or Pasteur may represent it in later years. No matter what the mortal guise, the spirit goes on, ever on, undaunted. One after another of the great souls lie down to die, but always, if their search has been one of the utmost self-denial, having refused to hold brilliant bits of sophistry, even though they might bring an admiring world to their feet, a silver feather from the wing of Truth is granted them. And the spirit enters another mortal, who climbs by the stairs so hardly cut, and adds one more thread to the great net which will finally capture Truth.

Before the valleys of superstition are left behind every man hugs to his heart a cageful of false birds. He that is destined to follow the light that shall lead on to the mountains breaks the bars, and with a grief unutterable bravely sets free his false birds.

With the solemn joy of absolute freedom he enters the land of honest inquiry. It is too often true that he sees with sorrrow a reproachful people, maddened because he has broken the cage which held hope for a sick world, refusing to follow him with faith as he enters upon his lonely journey.

They turn rather to the many false prophets who will gladly hunt and cage for them innumerable songsters of brilliant plumage, but without one silver feather. It is indeed pathetic, as well as ludicrous, to witness the faith that is pinned to false bits of medical lore. In one age we find belief in the efficacy of the roasted sole of a shoe, belonging to a man who walks much, ground into powders for the sure cure of intestinal disorders; the skin of a perfectly black cat laid upon the chest as a cure for pneumonia; a brass chain worn around the waist, or a potato carried in the pocket, to prevent rheumatism.

And then, as Dr. Holmes has said, we find the world going into delirious ecstacies oer the potency of a hundredth part of

the millionth of the millionth, of the millionth, of the millionth, of a grain of an oyster shell.

Just now we find the eternal gullible are still with us, and are listening with increasing attention to the songs of the sirens who have a specific for every known disease. Verily, not long ago a so-called medical publication announced a cure for grief.

Those who see clearly the false methods that so fill the land of superstition turn eagerly from the vexatious problems which deal with the cure or disease, and, while doing all that a true science suggests to relieve the ills that are, seek refuge from those to come, in the path that has been so recently illuminated, leading to the certain knowledge that disease may be prevented.

So deeply and firmly cut are the steps which the devotees of the past have chiseled into the solid rock along the mountain side of research, seekers after scientific facts are now enabled to climb to heights undreamed, and very frequently the world is startled by the flashlight of a new truth.

Along the lines of treatment of disease, both in medicine and surgery, much has been discovered that places the sciences above the plane of empiricism. It is chiefly, however, upon the field of preventive medicine that the mighty searchlights of investigation are turned with results of stupendous importance.

HYGIENE AS OLD AS MOSES.

From the pages of history we learn that hygiene as an empirical science is as old as the tables of stone, fundamental principles governing the laws of health having been given to the children of Israel by Moses.

The Greeks and Romans were thoroughly alive to the value of hygienic measures. Think of the wonderful supply of pure water which flowed through the fourteen noble aqueducts of ancient Rome, bringing to each one of her million souls three hundred gallons daily.

Mr. Hill, of our city, has truly said: "How much of the courage of the Roman soldier or the wisdom of the Roman statesman was due to the excellence of their public water supply no one can say, but certain it is that with a polluted water comes the weakening of the powers of body and mind, and no community can be brave and wise and persevering if disease and death are loitering on the threshold."

To their system of physical training and rigid enforcement of all the laws which maintain health and thereby prevented

will be an additional proof of the great value of wisely executed laws.

The ubiquitous critic is abroad, however, even though that which he attacks is a measure looking to the universal good. It is with grief that we find even physicians taking exceptions to some of the measures which the New York board is advocating.

Certainly it is most necessary that there should be a unanimity of feeling and most hearty co-operation all through the departments of medicine and legislation that there may not be the slightest obstruction to the onward sweep of the great arm of the law in exterminating the common foe.

MEDICAL INSPECTORS FOR SCHOOLS.

Again New York has led the way into untried paths of hygienic science by appointing physicians as school inspectors. By this wise plan 140 children were found in the schools suffering with contagious disease, and hence unfit to associate with the well children. Such diseases were unrecognizable to the untrained eye, and would serve as pivotal points for the rapid infection of others. This is surely a long step in the right direction.

School hygiene is a fascinating field for the enthusiastic sanitarian. So pre-eminently is it the foundation stone for the future health of the nation that we witness with the utmost impatience the slow dawning of the day that shall find our children amid environments which will help them into a noble maturity, rather than fighting, as many of them now are, against disease-producing conditions which are fatal to the highest development.

Consider the fact that 218 out of 730 school children are afflicted with curvature of the spine, due in all probability to improperly constructed seats and desks. Our hearts are weary when we consider that in our own city very little has been done for the children obliged to use the older schoolhouses. It seems almost incredible that in the glare of the light of this century there are rooms full of children in Cincinnati with such imperfect artificial ventilation that little heads are aching and insidious poisons, with which the close atmosphere is saturated, are doing their deadliest work, and yet teachers are absolutely forbidden to open windows during certain months of the year.

We also recall the fact that our city is deplorably deficient in any organized attempt to supply infants and invalids with pure milk.

Many cities have now in successful operation milk labora-

tories, where perfectly pure milk can be dispensed and modified acoerding to physician's prescriptions. Nothing in the field of preventive medicine affords a greater satisfaction than the great good accomplished by the scientific feeding of infants. Knowing this, it is hard to await the time when public opinion shall be sufficiently aroused to demand such facilities for Cincinnati's little ones.

It will cost money, of course. What good thing does not. But, as an eminent medical man of Boston has recently said: "Money is not ill spent in develaping in the best way those who must make and use that money in the future. Let not the millions spent in charity be entirely given to the treatment of disease. Let some of it go to the cause of prophylaxis in the early periods of development, which will do more to withstand disease when it comes than pounds and quarts of drugs."

This hasty review of the battle field with an enumeration of a few points of attack, will serve to-night as a diagnosis in order that we may look finally to the remedy.

Cincinnati is to be heartily congratulated that her Board of Administration has looked beyond the ranks of politicians in selecting the guardian of her health and has appointed a physician who is pledged to the highest and best that is in the mind of the profession to-day. We are, indeed, supremely satisfied to leave the health of our city in the hands of the dean of our college, believing that he will surely speed the day when

"The Queen of the West,
In her garlands dressed,
On the banks of the beautiful river,"

Will take rank among the first cities of the world in the careful protection and highest development of its citizen.

PUBLIC BENEFACTORS.

Our hopes certainly center about a wise code of laws properly enforced. In order to secure such legislation we must create public opinion. In order to create public opinion we must have educated, devoted teachers. And who shall teach the people these truths wrought out by lonely, diligent research, if not physicians?

For this reason, if no other, our medical colleges of to-day need such elaborate equipment as will enable the student to master the fundamental facts which underlie preventive medicine.

All honor to those who, with wise forethought for the fu-

ture good of the race, are placing in the path of students devoted to the nobles of sciences such laboratories and accessories as the study now demands.

Constantly new means for piercing the darkness of mystery which surrounds so much in nature are being devised. Dr. Holmes so beautifully has said: "As the light of the untried world to an infant, so is the dawning of the light resting over the unexplored realms of science to the student."

Nothing brings greater pleasure to a faculty than to hasten the dawn over some field hitherto in darkness by being able to supply the students under its care with such appliances as they need for exhaustive research. Hence the demand keeps pace with the rapid discoveries, and the Oliver Twist cry for more is continually heard in our colleges.

With increased advantages the responsibilities of the medical profession are many fold greater. And it becomes a solemn duty to disperse with generous hand the knowledge which has been gained through added facilities.

To-night, my friends, the Laura Medical College sends you out into the world as physicians, with the greatest pride in the records you have made as students and high hopes for your future usefulness. Not merely are you fitted to diagnosticate disease and dispense drugs, but you are to be the disseminators of knowledge, elected to the high and holy office of teachers. To some of you it may be given to find a new feather from the wing of Truth. To all of you it is given to implant such truths as have been discovered and thus weave the powerful net of public opinion. Often you will be disheartened and find your work as a teacher by far the most difficult, as the medicine of advice is ungraciously received. Count your time not lost, however, nor unfruitful, if you have been enabled to impress some fact upon those with whom you come in contract which will speed the day when better hygienic conditions will prevail. "The mountains of stern reality rise before you." Go forth to the joys of honest endeavor, remembering that "Who goes, goes freely" for the great love that is in him. The work is your reward.

PEDIATRICS.

Edited By Edith A. H. Fyffe, M. D., Chicago.

FRESH AIR FOR CHILDREN.

By Edith A. H. Fyffe, M. D.

IT IS a well known fact that a suicide cannot kill himself by holding his breath. That is a function over which he has little or no control. Breathe we must. Slow murder and suicide can be performed, however, by impure air being taken into our lungs, and this, I am sorry to say, is an every-day occurrence even in this enlightened age. In the homes of the very poor the wonder is that the inmates ever live, one room often being the sole home of a numerous family, plus boarders, and the principal article of furniture being a stove in which every conceivable kind of fuel, except good coal, is burnt.

In the class just above this, the respectable working people, those burdened with a "front room," the conditions are nearly as bad. "Carpets and best furniture being bought on time must be cared for." In a home of four rooms that I have seen lately, there are two children, one and three years old—poor, white-faced, delicate little things. The mother is above the average of that class in intelligence, house and children being beautifully clean. The kitchen, a north room, where they lived principally, was backed up to a tall house. Light could come in the window, but sun never. The bed-rooms were worse, both opening on a narrow court. The front parlor was large and lighted by two south windows, but—it had a carpet, and "the carpet might fade." It was suggested that sheets and old comforters laid on the floor might help matters, for the children must have air and sunlight; they were to stay in there and play in the sun. The mother said, "Oh, Doctor, I will be so glad when summer comes and the Sanitarium opens. I send the children every day. When I can't take them my mother goes. I send them whether they are sick or not." Every city —even the small ones—should have a Fresh Air Sanitarium for its babies. On the principle that save a penny and the dollars

will take care of themselves, so save the babies and make strong citizens of them, and this will be a better world. We in Chicago are blessed with two of these "life-saving stations," and we need both. The oldest, "The Daily News Sanitarium," in Lincoln Park, and the new one, "The Convent of La Rabida," in Jackson Park. Every city should have a fresh air society. Even a tent will do to begin on, with a shady place in which to hang hammocks and a stove where food can be prepared, and always a boiler of hot water being the absolute necessities.

It takes many years of thought, experience and money to have as perfect a sanitarium as the one in Lincoln Park, with its offices, drug room, matron's room, kitchen, bath rooms, hospital ward where the dangerously sick mites are tenderly wheedled into living, and the large one open on three sides pavilion, hung with hammongs and alive with baby buggies, the fresh air from the lake always blowing in, and bringing life with every blow, the internes in their white dresses, and the blue gowned trained nurses complete a beautiful picture.

In 1895 there were treated 20,557 sick babies; of these 3,533 were hospital or desperate cases; 47,551 babies were registered, and only 33 death certificates were issued—the chances being that there would have been thousands were it not for the "divinely beautiful charity." This last year the attendance was much larger. The great percentage of these cases are malnutrition and that scourge of babyhood, cholera infantum. It is wonderful to note the effect a bath, diet, simple medicine and a hammock has on a poor, tired, sleepless little mortal, the life-giving air, as the mothers often say, "doing the business." And those poor mothers who come from close, heated rooms to that "Paradise on the Lake." It does them as much good as the babies, the kind words of the matron, advice from the doctors, the practical care of the nurses, the "cup that cheers but not inebriates" from the kitchen—it is no wonder they look forward to the summer.

Fresh air and sunlight are as necessary for a child as its food. Many a mite dies from poisonous air through mistaken kindness; windows being stuffed and sealed up, to keep out draughts, and even then the sunny ones filled with flower pots, keeping out what little sun there is.

A summer baby should be taken out on bright days, carried in the arms, when it is three weeks old. It should be out twice a day, and as it grows older it may be out two hours at a time

and sleep out of doors in the shade in its buggy, especially those happy babies who own a yard.

There should always be fresh air in the room. This may be kept so by opening the window ever so little from the top —and a living room where there are a number eating and sleeping, may be made fresh by opening the door and window three or four times a day and beating the bad air out with a large wet towel.

I hear some one say, "How about the money for a sanitarium?" Beg and borrow. Nearly every city has a park. Have your fresh air charity in the park, or on the driveway where people can see it, and come and go, and when they see the actual working, and the good that is done there will be no end of funds. Make it attractive—make it the fashion. Put globes or mite boxes in the principal stores and hotels, not forgetting the cigar stores. Get the children interested and talk to the men. There is nothing that will so appeal to the average man as a sick baby. A pavilion open on three sides, the fourth with three rooms, doctor's office, kitchen and hospital ward. These may all be of the plainest possible description—a coat of paint or clean white-wash will do a great deal for even the roughest boards. For the office two chairs, a small table, a few shelves for medicines and a cot bed. The kitchen a stove, a big boiler always full of water, a table, a few shelves, a few pots and pans and a steamer sterilizer will do to begin with. Two or three cribs and hammocks, a couple of small tin baths, some hot water bags and ice bags and a good fountain syringe will start the hospital ward. Almost every one has old blankets and comforters to give away and "last year's hammocks never look fresh and nice on the porch and will do for the babies." Everything in the furnishing line can be begged, remembering not to accept anything in the way of clothing and bed covering that is not absolutely clean. As a rule the druggists will help with at least the wholesale cost of the needed drugs. The prepared food proprietors ditto. Some kind philanthropist might be induced to pay the milk and ice bills, or a part of them.

The medical staff are easily found ready and willing, and the management should be in their hands, no laity having anything to say, a board of damagers being much more common than a board of managers. Medical under-graduates will gladly help for the experience, and a newly fledged M. D., for a small salary, will be charmed to be interne. A good trained nurse is an untold blessing. Begin in ever so small a way and increase as work and funds warrant.

A Case of Rheumatism with Endocarditis Following Measles.

A. B., aged seven, a strong, well nourished, well cared for boy, was attacked with a typical case of measles, with the exception of a high temperature, touching 106°; there were no complications. The child was convalescent, though still in bed, when he complained of one ankle hurting him, and then the other, the result being that acute inflammatory rheumatism developed. He was at once put on sodium salicylate with citrate of potassium and bicarbonate of soda and Buffalo Lithia Water. After the first week endocarditis appeared and the salicylates were dropped; small doses of digitalis and spartene sulphate were given with good results. There is still a slight mitral murmur. The child is now taking cod liver oil with iron, and occasionally small doses of digitalis. Of course rest and quiet is insisted upon. The local treatment consisted in wrapping the inflamed joints in cotton and when very painful a solution containing potassium nitrate with a few drops of laudanum was found very effectual.

* * * * * *

Prof. Chapin, in a clinical lecture recently delivered before the students of the New York Post Graduate Medical School, stated that phenacetine is the safest of the coal tar products in pneumonia or any acute febrile state in children, used in connection with cold applications to the head, preferably an ice bag.

* * * * * *

Every physician who is interested in Pediatrics will be delighted and made extremely envious by reading the description of the "Edinburg Royal Hospital for Sick Children." It is built on the pavilion plan and seems as nearly perfect in every detail as possible, with its medical department of 72 beds, surgical ward with side rooms with 24 beds, isolation ward and extra ward. The wards are 84½ feet long, 23 feet wide and 15 feet high, with windows on each side; 81 superficial feet of floor and 1,215 cubic feet of air allowed to each child. The surgical ward is a model in every respect. One innovation we would do well to follow are hot water boxes that can be slipped in and out of the operating table to maintain the heat of the patient during a long operation. The operating theatre accommodates 84 students.

No expense has been spared to make this one of the most thoroughly scientific and practical institutions in the world, and happy are the sick children who can go to such a place.

GONORRHEA, ITS RAVAGES AND ITS PROPHYLAXIS.

By Albert H. Burr, Ph. B., M. D.

ATTENDING PHYSICIAN PROVIDENT HOSPITAL.

Abstract Prepared by Marie J. Mergler, M. D., Chicago, Ill.

ITS PREVALENCE.

GONORRHEA is everywhere. Ricard and Noeggerath estimated that 80 per cent. of the male sex of our large cities contract the disease. It is the scourge of armies and navies. A recent report of the English Sanitary Commission shows that gonorrhea is epidemic in the British garrison troops of India. Of the entire garrison of seventy thousand men 63 per cent. have been infected, and as many as three thousand men were off duty daily from this one cause. Among the Dutch Colonial troops venereal disease was at one time very prevalent, over 21 per cent. being affected with syphilis. By enlisting prostitutes from the native women, registered under military discipline and cared for when sick in the army hospitals, the ratio was reduced to 7.5 per cent. Ten thousand women are thus employed among thirty thousand soldiers. An object lesson to the heathen of the morals of European civilization. To limit venereal diseases in its navy the Russian government established brothels at Nagaski, filling them with healthy Japanese girls previously examined. It was found, however, that the officers of the navy propagated the disease and not the women. They brought it from Calcutta, Singapore and other Indian ports. Another object lesson for the heathen, but brutally cruel and severe on the girls.

In both male and female, invasion of the urinary bladder is not infrequent and gives rise to most intense suffering.

When we come to study the effects of gonorrhea in the female we find the subject invested with all the elements of tragedy. Sinclair in his book says: "Surgeons until late years have accepted gonorrhea as only a trifling incident and it is clear that obstetricians who have had better opportunities for knowledge have entirely overlooked it. Modern gynecologists have unearthed the conclusion that it is a terrible and fatal scourge to women." Dr. Holmes, of Atlanta, writes: "THERE IS NO DISEASE THAT AFFECTS WOMAN THAT SHOULD ENGAGE THE SERIOUS AND THOUGHT-

FUL CONSIDERATION OF PHYSICIANS MORE THAN GONORRHEA, THAT DEADLIEST OF ALL ENEMIES TO FEMALE HEALTH." Once again, from Lawson Tait, "Early in life I heard an eminent surgeon say that if he was doomed to have venereal disease he would rather have syphilis than gonorrhea. I marveled and disbelieved, but now I know that if he included women in his thoughts on the subject he spoke truly. * * * Where syphilis kills ten, gonorrhea kills its thousands, and it would take the sufferings of one hundred cases of syphilis to make up for the long weary years of agony of one case of gonorrheal pyosalpinx."

Invasion in the female, in the order of frequency, is first, by way of the vulvovaginal mucosa and glands; second, by the urethra, and third, per rectum through continuity of parts or from pederasty. The disease is easily overlooked because its early manifestations are much less distressing in the female than in the male, unless it happens to involve the urethra. It is often masked by the omnibus affection of leucorrhea or "whites." Cary says, "Given a purulent or mucopurulent discharge from the urethra, uterine cervix, vagina, or periurethral, or vulvovaginal glands, in the vast majority of cases the disease is gonorrheal in origin." Common results in the female generative organs are:

FIBROID TUMORS.

In a personal letter Dr. Joseph Price of Philadelphia, writes: "I have repeatedly stated that tubal and ovarian disease bore a strang casual relation to the early development of fibroids. The history of a large number of cases was that of gonorrhea, puriform disease of tubes and ovaries, multiform fibroids following in two or three years in patients under the age of 30."

RECTAL GONORRHEA IN WOMEN.

Baer, from a study made in the city hospitals of Frankfurt A. M. found during six months ending January 1st, 1896, 191 women with gonorrhea. Careful investigation with specula showed 67, or 35 per cent., to have gonorrhea of the rectum. It was a striking feature that many of these cases gave no symptoms of the rectal infection, and without the systematic examination of every case it would have been overlooked. Andrews states, "Women, as is well known, are the usual victims of gonorrhea of the rectum." Doctor Jos. B. Bacon, professor of rectal surgery, in a personal communication says in over forty

cases of non-malignant rectal stricture treated by him only two were males. On the authority of Harrison Cripps there are ten times as many cases of rectal stricture in the female as in the male. To syphilis is ascribed the usual cause of stricture of the rectum. If this be true how can we account for this great disparity in women? On rational grounds we should expect the ratio to be reversed. The prevalence of rectal gonorrhea in women, for obvious reasons, explains to my mind the predominance of rectal stricture in the sex.

SYSTEMIC GONORRHEA.

INVASION THROUGH THE LYMPH CHANNELS AND INFECTION OF THE BLOOD GIVE RISE TO SOME OF THE MOST DISTRESSING AND FATAL COMPLICATIONS OF THIS DISEASE. Wertheim's discovery (1891) of a nutrient medium by which pure cultures of gonococci could be grown, marked a new era in the study of gonorrhea and furnished the missing link in a chain of most conclusive evidence of the pathogenic character of the gonococcus. Its etiological relations to many surprising complications has been verified by the four laws laid down by Koch.

GONORRHEA IN PREGNANCY AND CHILD-BED.

The frequency with which gonorrhea complicates and endangers the pregnant and puerperal state is too little appreciated, and is usually overlooked, either through lack of opportunity for diagnosis previous to confinement, or failure to apply intelligent clinical methods when complications arise.

Fehling, of Wurzburg, observes: "The presence of endometritis gonorrhea demonstrated by Wertheim makes it more than probable that miscarriages in women who suffer afterward from chronic inflammation of the adnexa were caused by gonorrhea. The evidence of perimetritis gonorrhea during pregnancy, either with or without salpingitis, is now an established fact. These different localizations of gonorrhea during pregnancy demand a careful treatment of those women who have been infected either during conception or after it, in order to prevent symptoms of a still graver character."

Prior reports an interesting case in which unsuspected latent gonorrhea suddenly developed acute urethritis, vulvovaginal abscess and mastitis in childbed.

The occurrence of bleacrrhagic ophthalmia in the babe is proof positive of maternal infection, and should put the physi-

cian on the lookout for trouble. I do not recall a single case in which metritis, pelvic peritonitis, or gonorrheal arthritis did not complicate the puerperal state.

Max Madluer has demonstrated the ability of the gonococcus to pass from the endometrium into the uterine muscles, and set up inflammatory processes.

GONORRHEA INSONTIUM.

Another large class of sufferers from gonorrhea is composed of helpless infants and young children. Among the defective classes there is none more deplorable than the totally blind in our homes, asylums, and almshouses.

Magnus and Fuchs of Germany have made the most exhaustive researches concerning blindness and its causes in Europe. Magnus found that ophthalmia neonatorum was more destructive to sight than any other form of disease or accident, the ratio being 10.87 per cent. of the total blind of all ages. Fuchs tabulated the cases of blindness among children in asylums in different parts of Europe, and found that in the young the ratio was 23.5 per cent. from this cause alone. Lucien Howe who carefully investigated the matter in the institutions for the blind in New York State found the ratio practically the same. In a later paper, after extending his inquiries, he says: "On an average it might be stated, with a considerable degree of accuracy that at least 18½ to 19 per cent. of all the blind in early life are in this condition from ophthalmia neonatorum." Taking the census report for 1890, we find there were at that time in the United States, 50,411 individuals totally blind and more than double that number blind in one eye. If now we take the ratio ascertained by Magnus as the chief cause of blindness for all ages, we have 5,480 persons totally blind in the United States, not to mention those who are disfigured in one eye, from the absolutely preventable cause of ophthalmia neonatorum. Nor is this the only accident to which the young are liable from gonorrhea. At a recent medical meeting at Riga, Russia, an epidemic of urethral gonorrhea was reported in which 326 girls from 4 to 16 were infected from the use of a common bathroom. Gonorrhea of the genitalia in female infants is of more frequent occurrence than is supposed. A mother or a nurse with chronic or acute gonorrhea may easily infect the child through a common use of syringes, sponges, wash-cloths, towels and bath-tubs, or from septic fingers and hands. I have seen

typical gonorrhea in boys from 4 to 7 years old from whom I have obtained microscopic slides.

PROPHYLAXIS.

The prevention of disease has been styled the "art above all arts."

How is it with other infectious diseases, whose source is equally or better known, and whose methods of contamination are constantly demonstrated on every hand? Diseases whose endemic presence is perennial; whose ravages are greater because of their constant, silent and concealed operations? To these we are obtuse and indifferent because they are not heralded by the sensational daily press, and do not come with the tragic effects of sudden onset and swift destruction. While such may slay their thousands, preventable diseases like syphilis, gonorrhea and tuberculosis, against which we are opposing but feeble barriers or none at all, are slaying annually their hundreds of thousands. Let us consider some of the measures which could and we believe should be adopted to limit gonorrheal infection.

EDUCATIONAL MEASURES.

1. To commence with our own profession, let the nature and complications of this disease be more fully impressed in the medical education of young men and women who must prepare to treat this as one of the most frequent diseases to be met with in everyday practice.

2. Let the pupils of both sexes in our public schools, after reaching puberty, be instructed at a proper age by competent medical teachers concerning the laws of sexual hygiene, sexual morals, the proper conduct of the sexes in their relations to each other and the parental functions and duties of wedlock. Such information at such a time would save thousands of boys and girls from the pitfalls of immorality and disease, and our young men and women from the early mistakes of married life. TO THIS END EVERY SCHOOL BOARD SHOULD HAVE IN ITS EDUCATIONAL CORPS A MALE AND FEMALE PHYSICIAN OF UNDOUBTED ABILITY AND PUBLIC ESTEEM, WHO SHOULD WISELY INSTRUCT THE PUPILS OF THEIR OWN SEX IN THESE MOST IMPORTANT SUBJECTS.

3. Let the members of our police and fire departments, and our soldiers and sailors be instructed concerning these dangerous infections by the regular surgeons having their physical welfare in charge.

LEGISLATIVE ENACTMENTS.

1. We advocate more stringent laws regulating marriage. Every candidate for matrimony of either sex should be required to file a certificate of health, showing freedom from hereditary taint, and from all infections and venereal diseases before license to marry could be issued. These certificates should be given by male and female physicians who should be county officials, capable of employing modern clinical methods in their examinations. Such a law, properly enforced, would impose no injustice or hardship on anyone. It would protect the innocent who are unable to protect themselves. It would save society the burden of caring for large numbers of the defective and criminal classes. Its moral effect would operate as an educational factor with the masses and lead to greater vigilance in the prevention and the cure of venereal diseases. Manifestly the state owes no more important duty to society than such safeguards to matrimony.

2. Our divorce laws should be amended, so that the infection of either party with a venereal disease through marriage or the contraction by either of such a disease after marriage, should be legal grounds for divorce, because in the first instance a great personal injury has been inflicted; in the second place, that such an injury, if possible, may be prevented. The Paris Court of Appeals has recently decided a case in accordance with this proposition.

3. The imparting of a venereal disease by one knowing himself or herself to be infected should be made an indictable offense under the head of inflicting personal bodily injury.

4. The drug store treatment of gonorrhea should be prohibited by law.

The cure of gonorrhea is not a question of sulphate of zinc and balsam of copaiba. The acute symptoms in most cases will abate by self-limitation even when left entirely alone. Unfortunately the disease does not end here.

SANITARY REGULATION OF PROSTITUTION.

The social evil is one of the vexed questions of the day. The fact seems patent that prostitution is on the increase in our large cities, while marriage declines in a like ratio. This is an alarming state of affairs and demands the most earnest consideration of public spirited citizens. So long as society tacitly recognizes a double standard of morals for the sexes, so long must this condition exist. The experiment of licensing prostitution for

the restriction of venereal diseases has proven a failure because of its one-sided operation. License gives it a legal status and quasi respectability on the one hand, while on the other the medical inspection is a farce, so far as limiting disease is concerned, except in barracks where both sexes are subject to military discipline. It favors clandestine prostitution to avoid taxation and annoyance. It affords opportunity for levying blackmail on this unfortunate class by unprincipled municipal officials. With the moral side of the question, however, we cannot deal in this paper, but there is a sanitary feature of paramount importance. Prostitution is a menace to the health of the community, and on this account should be placed under the supervision of sanitary boards in every city. All females known to be public characters should be restricted to certain locations, and thoroughly examined at stated intervals. When found with a venereal affection, acute or chronic, they should be placed in hospital quarantine for isolation and treatment. Inasmuch as the fear of contracting venereal diseases has not in the past, will not in the future, deter either sex from extensive infection under existing ignorance on this subject, and inasmuch as the innocent suffer equally with the guilty and their sufferings are so often traceable to the prostitute, it is sanitary and moral wisdom for the protection of all classes to adopt and enforce under the health department antiseptic measures in houses of prostitution.

Modern legislation for the regulation of the social evil with the idea of preventing venereal disease has been limited to the female side of the race as chief offender.

It may be argued by some that the legislation proposed in this paper could not be strictly enforced and would further encumber our statutes with dead letter laws. To this we reply that the laws against no crimes, however atrocious, have prohibited them. It may be objected that such laws savor of paternalism on the part of government. Granted, so do laws for compulsory vaccination. So do the laws now being adopted by many States for the prevention of blindness in the new-born. Dangers which threaten the health and life of individuals from which they are powerless to shield themselves demand governmental interference.

We believe the measures we have only imperfectly outlined are practical and would largely decrease the ravages of gonorrhea, first from the standpoint of self-preservation by means of wide-spread information among the laity through the profession concerning its dangerous character. Second, through the moral effect of legal enactments concerning marriage, divorce and criminal acts, so far as related to gonorrhea, and, lastly, through the sanitary supervision of our health boards of individuals and classes liable to spread this loathsome and too often malignant disease.

GYNECOLOGY.

Edited by Lillian G. Towslee, M. D., Cleveland, Ohio.

THE editor of this department wishes to report three interesting cases of infantile uteri occuring in her practice.

Hart and Barbour states there are five periods in development of the uterus. First period extends over first and second months of fœtal life. Second period extends over the third month. Third period fourth and fifth months. Fourth period, last five months of pregnancy. The fifth period extends from birth to puberty. During this period no important change takes place till, at puberty, the uterus passes from the infantile to the virgin form. It does not cease to grow until the twentieth year. Infantile uterus does not undergo the development which takes place at puberty, but remains of the same type as it was at birth.

Symptoms of infantile uterus consists in an impairment of function, hence do not appear until puberty. The infantile and congenitally small uterus are characterized by the absence of menstruation in some cases, in others menstruation with sterilty. In some cases there is marked nervous disturbances and dysmenorrhoea.

The infantile uterus is recognized by the smallness of the uterus. The cervical portion being much longer than the body of uterus. Vaginal development is usually normal. In cases where there is absence of menstruation the treatment is nil. Where menstruation is present and woman is married the faradic current can be used with success, as will be seen by the following case which the writer reported to the Cleveland Medical Gazette in December, '92.

"The Faradic Current for Sterility—Infantile Uterus.—Mrs. B., housewife, age 23, married 3 years. Consulted me in November, 1889, for dysmenorrhoea and pain in her left thigh and breast during her menstrual period. Her menses first appeared at the age of 13, always regular, duration three to four days, flow scanty. By examination I found a stenosis and an infantile uterus one and three-quarter inches; ovaries normal.

"In her case I used the gradual dilator to relieve the stenosis; patient coming to my office twice a week for four months, and once a week for two months (between periods), after which

the dysmenorrhoea as well as pain in thigh and breast ceased.

I did not see her professionally for three months, when she came to ascertain the cause of her sterility, as she and her husband were very anxious for a child. Her health being good, she could not see why she did not become pregnant. I then began to use the faradic current, negative pole in uterus and positive on the abdomen, giving from one to two treatments a week for eight months. The treatments were somewhat irregular, as the patient resided out of the city. The uterus developed gradually, when I discontinued the use of electricity, measured two and one-half inches. Three months later she informed me she was pregnant. March 30, '92, I delivered her of a nine-pound healthy girl baby; labor normal.

"I do not claim that the use of the negative pole in uterus is superior to the positive. The object being to stimulate the organ and thus increase the size, either pole would have probably produced the same result The case was an exceedingly interesting one to me, as I had an opportunity to give electricity a thorough trial and follow the case to a successful termination."

(In '96 the patient was delivered of a ten-pound boy.)

Miss G., aged 22, single, small in stature, about 4 feet 10 inches, mammæ undeveloped, consulted me for complete amenorrhoea, general health good, but some old lady had told her she would not live long unless she became "unwell." There were no symptoms except non-menstruation. On examination found absence of hair on mons veneris, vaginal orifice small but vagina well developed, cervix very small; as abdominal walls were thin and not rigid bimanual examination was very satisfactory. The whole organ from cervix to fundus was not over one and one-half inches in length. As there was nothing to be gained by interference she was assured she would not die because she would probably never menstruate. Two years after examination was made was informed she was in good health, menses still absent.

Miss H., single, age 44, large frame, corpulent, height 5 feet 8 inches, consulted me in May, '94, for a profuse leucorrhoea and hot flashes. History of case was very interesting. Patient had never menstruated, but at age of puberty and since, instead of menstruation she had a periodical discharge (once in 28 days) of a creamy consistency from three to four days. In intervals between menses she would be entirely free from the discharge. For the past six months she had been having symptoms that

women have at that age and this false menstruation (if you may call it such) occurring every two, three, four and six weeks, with nervous symptoms. On examination I found at vaginal entrance an intense neurotic condition simulating vaginismus, but after index finger rested a moment or two in vagina, contraction of ostium vagina ceased so an incomplete examination was made. Vagina normal as to size, but cervix was wanting. The adipose on abdomen was about four inches thick, so nothing definite could be mapped out bimanual. The treatment consisted in dusting boric acid freely in vagina for discharge, which was persistent, and sedatives for the nervous condition. The patient improved greatly, but menopause symptoms have kept up as they usually do in any case at that time of life. It was impossible to anaesthetise patient, as it was of no special benefit to her, but to me of scientific interest.

Absence of Vagina and Uterus.—A case of entire absence of vagina and uterus, in which the external genitals were perfectly deeloped, is recorded by J. L. Spruill.

* * * *

The Relation of the Sexual Organs to the Upper Respiratory Passages.—Rothermund says that during and shortly before the onset of menstruation a congestion of the nasal mucous membrane is frequently observed, which leads to a predisposition to catarrhal affections. Similar conditions are found during pregnancy. Disturbances of sensation and motility, apparently depending upon physiological or pathological conditions, are generally due to hysteria. Gynecological affections accompanied by frequent bleeding often lead to paresthesia or anesthesia of the pharynx.

* * * *

Inguinal Hernia Containing a Pregnant Fallopian Tube.—The following interesting case is reported by Jordan from Czerny's surgical clinic in Heidelberg: A woman was admitted who had undergone several operations for pyosalpinx and vesico-vaginal fistula. Pyosalpinx had ruptured into the right broad ligament, where an incision was made, which left a scar. The patient suspected pregnancy, and went to the clinic for examination. Prior to this she was seized with severe abdominal pain and repeated vomiting. Upon admission she appeared very anemic, face pinched, pulse rapid. Above the aforementioned scar was a swelling the size of a fist, with tympanitic resonance,

while below this scar another tumor was found, smaller in size, soft, and not reducible. A third swelling was located at the outer angle of the scar, corresponding in position to the external inguinal ring; this was the size of an apple, soft, irreducible and painful upon palpation. The treatment consisted in high rectal injections, which resulted, however, in neither stool nor flatus, and the administration of purgatives, which were not retained. On account of the increasing symptoms of intestinal obstruction operation was decided upon two days after admission (!). An incision parallel to Poupart's ligament showed a hernial sac containing a large mass of blood clots, a fetus about 12 weeks old, the uterine adnexa, and coils of intestines. The wound was cleaned as much as possible and tamponed with aseptic gauze. The vomiting continued, and death occurred the following day. At a post mortem it was found that the intestinal obstruction was caused by numerous adhesions which were beyond surgical relief.

A CHOICE PROGRAM.

Among the benificent plans for entertaining the members of the American Medical Association at the meeting in Philadelphia this month, is a course of instruction at various colleges, and The Woman's Medical of Philadelphia presents the following program for members:

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA CLINICS.

Monday, May 24, 12 m., Gynecology, Hannah T. Croasdale. 1 p. m., Obstetrics, Anna E. Broomall.

Tuesday, May 25, 12 m., Pediatrics, Edward P. Davis. 1 p. m., Neurology, Charles K. Mills.

Wednesday, May 26, 12 m., Medicine, Frederick P. Henry. 1 p. m., Ophthalmology, Amy S. Barton.

Thursday, May 27, 12 m., Otology, Charles H. Burnett. 1 p. m., Dermatology, Henry W. Stelwagon.

Friday, May 28, 12 m., Laryngology, Emma E. Musson. 1 p. m., Surgery, John B. Roberts.

Saturday, May 29, 12 m., Medicine, Frederick P. Henry. 1 p. m., Orthopedics, James K. Young.

Monday, May 31, 12 m., Gynecology, Anna M. Fullerton. 1 p. m., Obstetrics, Anna E. Broomall.

Saturday, June 5, 12 m., Pediatrics, Edward P. Davis. 1 p. m., Neurology, Charles K. Mills.

Monday, June 7, 12 m., Medicine, Frederick P. Henry. 1 p. m., Surgery, John B. Roberts.

Tuesday, June 8, 12 m., Otology, Charles H. Burnett. 1 p. m., Dermatology, Henry W. Stelwagon.

Wednesday, June 9, 12 m., Laryngology, Emma E. Musson. 1 p. m., Orthopedics, James K. Young.

Thursday, June 10, 12 m., Otology, Charles H. Burnett. 1 p. m., Dermatology, Henry W. Stelwagon.

Friday, June 11, 12 m., Laryngology, Emma E. Musson. 1 p. m., Ophthalmology, Amy S. Barton.

Saturday, June 12, 12 m., Medicine, Frederick P. Henry.

PRE-MATURE LABOR WITH HEMORRHAGE.

I had a most excellent case on which to try Sanmetto. It was that of a woman about forty years of age, who had a premature labor, followed by a terrible hemorrhage. She bled about two hours before I was called, and when getting there I found a pale looking form of a woman, which had fainted away twice from loss of blood. I gave her two teaspoonfuls of Sanmetto, and the hemorrhage ceased in about five minutes. She rested quietly for about one-half hour, when she took to coughing, then the hemorrhage commenced again. I gave her another large dose of Sanmetto and it stopped again. I stayed with the patient about three hours, and no more hemorrhage occurred, and so I went home, leaving no medicine except the part of the bottle of Sanmetto, advising the attendants to give it as directed if hemorrhage should occur again, but it did not occur again, and the woman is improving nicely now, whereas at first I thought it a hopeless case. I do believe that it was the Sanmetto that saved her. I have also used Sanmetto a couple of times previous to this case, in combination with ergot, and the effect was all right then also.

WM. B. STOKER, M. D.

Lancaster, Iowa.

The Woman's Medical Journal.

VOL. VI. JUNE, 1897. No. 6.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY
Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY
Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.
Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING
Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.
Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager

ORIGINAL.

PESSARY WORN OVER THIRTY YEARS.

Report of Case treated March 29th, at the Mary Thompson Hospital for Women and Children.

By ROSE WILLARD, M. D., Chicago, Ill.

Clinical Assistant to the Chair of Gynecology, Northwestern University Woman's Medical School.

THE case I have to present is one which is interesting on account of its history and rarity, though much more severe and complicated cases are on record, due to a similar cause. The case was presented to me as one of carcinoma of an advanced stage, which I might wish to show to the class of students in attendance at the dispensary that day, the patient having been referred from one of the departments not Gynecological.

As the patient entered the room, we all noticed the offensive odor. Her appearance was about what one would expect of a woman of her age (about 75), there being nothing particularly characteristic for which we looked in order to show to the students. The assisting nurse had some difficulty in placing the patient on the table, owing to the stiffness of one limb, which

the daughter said was caused by a fracture some years previously. It seemed to me that the patient moved this limb with a little more ease before leaving than when she came in.

I had the nurse leave in place the napkin which the patient had worn for about two hours, that we might inspect it, and found about a dozen spots of bright red blood, instead of the watery discharge we were expecting. There was senile atrophy of the external parts, the labia minora lying in apposition, but no external indication of disease except a slight inflammation at the orifice of the right gland of Bartholin.

As I commenced to make the internal examination, to my surprise my finger touched a substance of calcareous feeling. I brought my finger forward and found I was just able to introduce it above this substance and hook it over the same. I immediately withdrew my finger, thinking best to obtain a more extended history before proceeding. But to the questions whether the patient had ever received any treatment previously, or whether she had herself ever introduced a supporter, I received a decided "No," the first examination having been the one previously referred to in this paper. The nurse in an aside here volunteered the information that the physician who had made the examination and referred the patient, at first thought the same as I, but on introducing the speculum found it was not true.

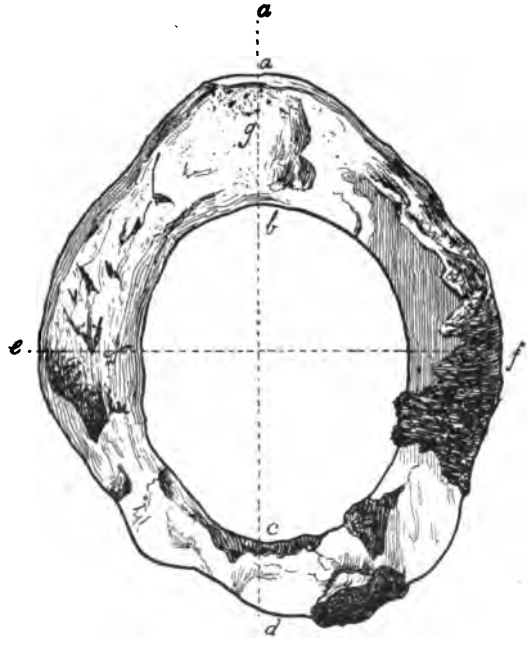
Further questioning of the patient and daughter, now thirty-nine, brought out the information that the mother had never been sick until three years previously, when she had La Grippe, since which time she has had four attacks of severe pelvic pain, and pain in the back. During one of these attacks, a physician tried to insist on an examination, but the patient absolutely refused, telling him "there was nothing the matter with her insides."

Notwithstanding the history given, and the previous diagnosis, I made another examination, finding there was just room to introduce the finger in front and also behind the obstruction which extended directly across the vulvar orifice, and hooking my finger over this, made traction—thinking if it were not an old Hodge pessary, I was at least going to prove the fact. Considerable force was required in removing the pessary, owing to the contracture of the vulvar orifice. The others present were evidently astonished that instead of breaking through a carcinomatous mass I had found a pessary, while I was quite surprised to find a round, instead of an oval shaped pessary.

The daughter is of the opinion that the pessary must have been introduced by the physician who attended her mother in her last confinement in Edinburg, Scotland, thirty-three years ago. Her mother's memory is not the best at present, but the daughter thinks she would know of the fact in case her mother had had treatment since.

On making an exaxmination after the patient had had an antiseptic douche, I found senile atrophy of the whole uterus, with slight backward displacement; complete atrophy of the vaginal portion of the cervix; denudation of the lateral walls of the vagina, and over the external os, where the pessary had rested; thickening of the anterior ridge of the vagina, but no enlargement of the vaginal glands or any parametritis or perimetritis.

On examining the specimen we find it is covered with layers formed of hardened discharges, one layer where it rested on the vulva having been broken off. The pessary was first washed in clear water to remove the pus, and then Dr. Field kindly placed it in a solution of formalin. The layers at one side have apparently a more waxy consistency than at the other, the substance composing them easily melting, but as quickly hardening. What at the time of examination had a calcareous feeling does not prove to contain enough lime to give effervescence with hydrochloric acid. Most of the layers are made up of a fibrinous exudate. The specimen is without much difficulty penetrated by a pin.



Dimensions of pessary illustrated:

a d	6.5 c. m.
e f	6.3 c. m.
a b	2 c. m.
c d	1 c. m.
Thickness at g	1.7 c. m.
Weight	1 oz.

MALARIAL FEVER.

By FRANCES A. CANTRELL, M. D., Evansville, Ind.

Read before the Indiana State Medical Society Meeting, May 1897.

IN presenting to you my subject, Malarial Fever, I am aware it is not new, nor one with which you are unfamiliar, for from our youth up Malaria has been a household word. It may be justly termed the Physician's Friend, for not infrequently, in obscure affections, when his diagnostic acumen has reached its limit, that term, at once comprehensive to the laity and meaningless to the profession, Malaria, is applied, and everybody is satisfied. One thing, however, I do claim for my subject, it is timely, for Malaria, like the poor, we have always with us.

I wish first to acknowledge my indebtedness particularly to the reports of the researches of Professor Osler and his assistants, Doctors Thayer and Hewettson of Johns-Hopkins Hospital, of Baltimore. I have attempted not altogether an original article, but a resume of recent investigations upon the subject, hoping that my remarks will pave the way to a general discussion.

Osler defines Malarial Fever as "an infectious disease, characterized by paroxysms of intermittent fever of the quotidian, tertian or quartan type. A continued fever with marked remissions, certain pernicious, rapidly fatal forms, and a chronic cachexia with an enlarged spleen."

In Europe, Southern Russia and certain parts of Italy are now the chief seats of disease. In America it is rare north of the latitude of Philadelphia. Where formerly it prevailed, the disease is fast becoming less widespread, and less severe. Along the Atlantic Coast, in the Southern States, there are regions where it prevails, but it is decreasing. In the interior of Louisiana, Mississippi, Arkansas and Texas, malaria is endemic and the severe types are frequently observed.

In the Northwestern States it is almost unknown. It is rare along the Pacific Coast. In the region of the Great Lakes it prevails only in the Lake Erie and St. Clair regions. The St. Lawrence river country is exempt. The state of the soil bears a constant relation to malaria.

It is in low lying, marshy, badly drained districts that it finds its most suitable environment. These conditions are most frequently found in tropical countries, yet not infrequently

marshes of the most pestilential appearance may be quite free from malaria, and the disease may disappear entirely from a locality without any improvement in the condition of the soil having taken place. It is impossible to judge from the nature of the soil and climate in any given place, whether it is malarious or not.

Spring and fall are the most favorable seasons for the development of the poison. Fewer cases occur in summer and winter. In five hundred and sixteen cases reported by Doctors Thayer and Hewettson, five-sixths of the cases occurred in the second half of the year. Nearly one half occur in September and October.

A rather high degree of temperature is essential to the development of the poison. It is most prevalent after a long, hot summer. A certain amount of moisture is necessary, but either excessive heat or moisture will check the development for a time.

The record of many cases seems to prove that the poison is carried to some distance by winds. The planting of Eucalyptus trees is said to exert a favorable influence in a malarial region, probably owing to the drying of the soil in the rapid growth of the trees.

The distribution of the poison is influenced by gravity. Persons living in the upper stories of a house being markedly exempt. This has long been known, and in an old medical treatise on the subject, published in 1858, we are told that floors have a remarkable attraction for the poison, and persons are advised to sleep in the upper stories, if possible, and if obliged to occupy the lower story, to have their beds elevated a short distance from the floor. In 1880, the specific micro-organism of malaria was discovered, in the blood of infected individuals by Laveran, a French army surgeon, stationed at the time in Algeria. Richard, also in Algeria, confirmed the statements of Laveran.

The Italians, Marchiafava and Celli, as well as Golgi, have made malarial fevers the subject of extensive study and research, and to them much is due for our present knowledge of the subject. All authors agree in the statement that malarial fever is due to the presence of parasites, the so-called plasmodia malaria in the blood, but this discovery fulfills but one of the stipulations of Koch, which go to prove the dependence of a disease upon a specific micro-organism.

Attempts by many experimenters to cultivate the parasite

have proved entirely unsuccessful. Coronado alone asserts that he has cultivated the organism in water, from a source from which he believed many to have been infected. Others have tried his methods, but without success.

Inoculations with infected blood have produced the disease in the same form as it appeared in the case of the patient from whom the inocculations were made.

Gerhardt was the first to demonstrate this fact, but his experiments were made before the discovery of the plasmodium. In two cases inoculations were made from a patient suffering from quotidan fever. In one, quotidian fever occurred in sixteen days; in the other, irregular paroxysms becoming quotidian on the sixth day. A number of other experiments have been reported with like results.

Nothing is known regarding the development of the parasites outside the body, nor of the manner in which infection takes place. It has been suggested that they enter the body by way of the respiratory tract, the digestive tract, through the skin by means of insect bites, etc., but proofs are wanting in all cases. There is little doubt but that they gain entrance by way of the respiratory tract. In thirty cases men were allowed to drink water from malarial districts, without effect. In six cases men were given water to drink from the Pontine Marshes, without producing the disease.

The average duration of inoculation in eighteen reported cases was from eleven to twelve days. In a few cases there was a variance of from six to eighteen days. Three varieties of the parasite are described. Those found in quartan fever, or where the paroxysm occurs every fourth day, and requiring seventy-two hours for their development; those occurring in tertian fever, requiring thirty-six hours for development, and a third form, those occurring in the so-called æstivo autumnal fever, in which the paroxysms follow one another at intervals of twenty-four to forty-eight hours, so long in duration that one paroxysm may be engrafted upon another, without the temperature ever having reached normal.

The parasites of quartan fever are described as amœboid hyaline forms, one-sixth to one-fifth the size of the red blood corpuscle. Early in the day on which no fever occurs, the parasite may be seen as umpigmented forms, occupying the red corpuscles, slowly moving and changing their outline. The corpuscles, in which they lie, are of normal size and appearance.

These bodies gradually grow larger, and develop rather coarse. dark pigment granules. These may rarely be seen free in the plasma. On the day of the paroxysm the process of reproduction begins, the organisms having increased in size until the red corpuscle is entirely filled. Sometimes no trace of the corpuscle can be seen. At others only a narrow rim remains. The pigment becomes concentrated in the center of the body, and soon slight radical striations are visible, becoming more distinct, until the central pigment is surrounded by eight or ten round or pear-shaped bodies, as regularly arranged as the petals of a daisy, the so-called rosette forms of Golgi.

The tertian parasite is similar in appearance in the early stage, but the full grown parasite is larger than the quartan. Its movements are more rapid, the segments are smaller and more numerous, and are less regularly arranged.

The third variety of parasite is formed in the so-called æstivo-autumnal fever. In the early stages this parasite resembles in shape and general appearance the tertian, but is smaller in size, the segments are fewer, and are round or ovoid in shape. After about one week of fever, crescent shaped bodies are to be seen, the significance of which is the subject of much discussion by various authors. Laveran believes it to be an encysted form of the parasite. The resistance of this form of fever to quinine he believes is due to a surrounding membrane, the encysted parasites remaining a long time latent. He believes them to be active, and unusually virulent, and that so long as they are to be found in the blood, they are a sure indication of a relapse. This theory is pretty generally accepted.

Marchiafava and Celli, in describing this variety, say that it shows a short cycle, unaccompanied by the development of pigment, and a longer cycle, where a few pigment granules are formed. In all forms, there appear flagella extending out from the bodies, moving about. Sometimes they break off and move about independently. Their significance has not yet been determined.

In quartan and tertian fevers, segmenting forms are commonly seen in the circulating blood. In æstivo-autumnal fever, they are found in the blood but rarely, but are common in the internal organs, particularly in the spleen and bone marrow. Segmentation occurs within the red corpuscles, which rapidly disintegrate. Pigmentation occurs shortly before a paroxysm, so that the discovery of pigment is a sure indication that a paroxysm is near.

Golgi observed some cases of quotidian fever, which were due to infection with three groups or generations of parasites. maturing on successive days, causing a daily paroxysm. While in other cases chills developed on two successive days, with an intermission on the third, which were traced to infection with two groups of parasites. Segmentation of all arieties begins from eight to ten hours before a paroxysm, and continues during its first hours, while the red blood corpuscles are being invaded by these new hyaline bodies.

However, the actual entry of these bodies into the corpuscles has never been observed. Upon these observations Golgi based the following laws: "Each febrile paroxysm is closely connected with the cycle of development of a generation of parasites. The severity of the paroxysm is, in general, proportional to the number of parasites found in the blood. Another observer, Antolisei, differs somewhat in opinion from Golgi as to the cause of the paroxysms. He believed the chill depended upon the act of segmentation, while Golgi believed it to be due to the invasion of the red blood corpuscles. Antolisei demonstrated in proof of his theory that if quinine be administered shortly before an expected paroxysm, the invasion of the corpuscles may be prevented, while it is impossible to prevent the impending segmentation or the paroxysm.

There are many ingenious theories regarding the cause of the fever. Laveran in 1881 suggested that the parasites, which during the period of apyrexia remain largely in the internal organs, enter finally the general circulation and by irritation of the nerve centers bring about the paroxysm.

Richard believed that the rapid multiplication of the parasites produces the fever, which represents the reaction of the organism against the germs. "The parasites," he says, "excite the fever, the fever destroys them and falls in its turn." With apyrexia the parasites multiply again.

Baccelli attributes the symptoms of malarial fever to chemical poisons set free at the time of sporulation. Poisons which are a production of the parasites themselves or are due to the disintegration of the red corpuscles.

These poisons are very injurious to the nervous system and particularly to the vaso-motor ganglia. It is to their liberation that the paroxysm is due. During the height of the fever, many spores are destroyed, but some remain to begin again their cycle of development.

This theory of the cause of the rise of temperature is ac-

cepted by many and in proof there has been demonstrated an increased toxicity of the urine and sweat obtained during and following a paroxysm.

In the cases of malarial fever, reported by Thayer and Hewettson, 32 per cent. occurred in young adults and children, showing, probably, not so much a greater susceptibility as the fact that the young adult is more exposed to malarial influences —remaining out of doors in malarial districts at night, etc.

Of 614 cases, there were of males 493 cases—of females 121. The preponderance of males depends probably on the fact that men are more likely to be employed in malarial districts—boating, farming, fishing, etc., while women, remaining in the house, escape infection. Of this number above mentioned 585 were white, 29 were colored, which would confirm the generally accepted opinion that the negro is less susceptible to malarial infection.

It is not my purpose to take up your time by the presentation of the clinical picture of malarial fevers, as it is familiar to us all, but will pass at once to the consideration of some manifestations of the disease with especial reference to the cause.

Marchiafava and Celli state that the fevers which pursue a regular cyclical course are never pernicious. They yield, often without, always with, quinine; whereas, the fevers of the æstivo-autumnal variety are irregular in their manifestations, chill is often lacking, relapses are frequent, often associated with grave anæmia. Some most pernicious cases may show no rise of temperature. This variety stubbornly resists the action of quinine.

ANÆMIA.—All observers agree that the anæmia accompanying malarial fever is due to the destruction of the red blood corpuscles by the parasites. The destruction is greater after the first paroxysms than later, and is in direct proportion to the duration and severity of the disease. If the disease is stayed before the spleen has become much enlarged the number of corpuscles, red and white, returns to the normal. If, on the contrary, the fever has lasted long and the spleen is much hypertrophied the diminution tends to become permanent.

There is also diminution of the white blood corpuscles and haemoglobin. In pernicious cases a loss of as much as two-thirds of the total amount may take place. No acute infection results in such rapid destruction of corpuscular elements as does malarial fever. Recovery from this anæmia is slower than from any other acute anæmia, and restitution of harmoglobin is often incomplete. Persons residing in a malarial district have often a smaller per cent. of haemoglobin than those living elsewhere.

The process of phagocytosis has been repeatedly observed in cases of malarial poisoning. This process is particularly active at the time of a febrile paroxysm, and most frequently occurs within the spleen and liver.

Says Barker in "A Study of Some Fatal Cases of Malaria," "when one studies sections of the spleen and sees the enormous number of these makrophages, the accumulations of fragmented

red corpuscles, the necroses and the dilatation of the blood vessels in the organ, he has not far to go to seek an explanation for its enlargement in malarial infection. The numbers of makrophages, which is carried from the spleen through the splenic vein into the liver, cannot fail to be of considerable significance. They frequently appear to occlude the liver capillaries and to offer a serious impediment to the onflow of the blood."

The recognition of pigment in the blood and in the various internal organs took place long before the discovery of the parasite in 1880. Virchow in 1848 describes the melanæmia of a malarial patient and speaks of the accumulation of pigment in the spleen and liver, and also within the cells in the blood of the heart. It has been suggested that the comatose and apoplectic forms of severe malaria might be explained by the lodgement of emboli of pigment in the brain capillaries, and some cases of atrophy of the liver have been traced to obstruction in the liver capillaries by the same substance. Other observers have attributed the comatose condition in cases of pernicious malaria to the plugging of the brain capillaries with parasites. These masses of parasites are probably identical with the so-called pigment thrombi. The profound disturbances of nutrition consequent upon such a condition, and the variations possible in the implications of any organ, explains the diversity of the cerebral manifestations. This would explain the aphasias, the paralyses and mental irregularities frequently observed; and when the vital centers, as the medulla, become similarly involved, it is not surprising that sudden death sometimes occurs in these cases.

As regards the treatment, there is nothing new to be said. Quinine is the specific and nothing else has been found to equal it. The parasite is most readily stained with methylene blue and owing to this fact methylene blue has been tried as a remedy for malaria. While it does possess some action against the germ, it is inferior to quinine. The best time in which to administer quinine is during and just after sporulation. According to Osler, "it should be our object to have as much quinine in circulation in the blood at the time of the paroxysm and shortly before, as is possible, for it is at this period that sporulation occurs." In the regular intermittent fevers, ten to thirty grains a day, in divided doses, will usually prevent a fresh outbreak. It is advisable to give twenty to thirty grains daily for the next two or three days. In æstivo-autumnal fever larger doses may be necessary. In pernicious cases it is essential to get the system under the influence of quinine as rapidly as possible. Osler recommends that thirty grains of the bi-sulphate with five grains tartaric acid be given hypodermically every two or three hours. The muriate of quinine and tartaric hypo is also recommended as a good form in which to administer the drug. In severe cases some advise the intravenous administration of quinine. For the nervous manifestations, as restlessness, opium is indicated, and strychnine and alcohol may be necessary. If in comatose cases, the temperature is high, the cold bath is recommended. For resulting anæmia iron and arsenic are indicated.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor Women's Medical Journal, Toledo, Ohio.

Reports of rare and interesting cases or new modes of treatment are solicited.

All necessary illustrations furnished free of expense to Authors, when black and white drawings or negatives accompany accepted manuscript.

All articles for publication in *The Woman's Medical Journal* will be considered only with the distinct understanding that they are contributed to it exclusively.

The Editors and publishers are not responsible for the views of contributors.

All manuscript and illustrations must be received by the 1st of the month preceding its publication.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

EDITORIAL.

ABOUT THE DEPARTMENTS.

Owing to the press of so much excellent matter which it seemed impossible either to condense or defer, we have left out the very interesting departments for this month's issue. In the July issue they will appear again.

SUSANNA BOYLE, M. D., C. M.

WE take pleasure in adding to our editorial staff Dr. Susanna Boyle, C. M., of Toronto, Ont. Dr. Boyle is Professor of Histology and Professor of Pathology in the Womans Medical College of Ontario, at Toronto, and will be a most valuable acquisition to our staff. Dr. Boyle's work will be mainly translations from the Italian, and will be a most welcome addition to the pages of this journal.

THE OMNIPRESENT MILK CAN.

IS said there are sermons in stones, in all sorts of commonplace things—and more than this to us, is the sermon to us in the upright and ever-present milk can from which the dairyman dispenses the lacteal fluid that assists so many little ones to daily food. Because it is so commonplace, because it is so familiar, we are prone to shut our eyes to the dangers that are liable to pervade it.

While cows' milk is without doubt near the top of the list of foods for babies, yet it easily becomes an element of danger, and a harbinger of poisons which it requires much care and skill to eliminate.

We are beset with milk danger on every side—the very forces of nature created for our own use become changed from beneficent factors to threatening dangers, as soon as they pass from our control.

The four old elements—earth, air, fire and water—each protect us, each soothes us, but let them get the reins in their own hands and death and destruction ensue.

So with milk. Of itself and under proper sanitary conditions it is a veritable elixir of life; but change those conditions —allow the veriest mote of filth to creep in and it becomes a culture for the deadliest germ.

At the meeting of the International Medical Congress of 1881, Dr. Ernest Hart, editor of the British Medical Journal, read an exceedingly important and interesting paper on the "Influence of Milk in Spreading Zymotic Disease." A later report says that he has gained evidence of ninety-five new epidemics caused solely by milk-infection. Of these forty-eight were outbreaks of typhoid fever, thirty-two of scarlatina and fifteen of diphtheria. He says that he is confident that this number, large as it seems, but touches "the fringe of the matter." He tells us that he "had occasion to omit many so-called 'milk-outbreaks' on account of the scanty thread which ran through the argument for milk as the vera causa of the partic-

lar epidemic." The cases chosen were such as clearly showed a causal relationship in several directions. In one epidemic at Upton, 77 per cent. of the families using the milk from a common source were attacked and 37 per cent. of the members of these families were made sick. In an epidemic of scarlatina in Glasgow, Scotland, " out of 193 families supplied with a particular milk service in one round, there were 57 families invaded and 91 individuals attacked; while of 166 families on another round there were 37 families invaded and 59 individuals attacked. Moreover, in one street 21 families, being more than half those supplied with the milk, were invaded, and yielded 29 cases."

In this country milk trains loaded with hundreds of gallons of milk bear this necessity to the larger cities. The milk must pass through so many hands ere it reaches the consumer that there is little chance for safety without sterilization of some sort.

In the smaller cities and villages there is a diminution of handling and the milk as a rule goes directly from producer to consumer, but then there is another factor, and that is, how is the cow fed?—and this opens up another long vista of investigation.

Clean milk, from grass fed cows, is a valuable food, and, when carefully sought for and insisted upon, can be produced.

Earnest work along these lines will do much to alter the death rate for small infants and is worthy the earnest efforts of us all.

A TRINITY OF RELATIONS.

IT IS no doubt a question with many readers of this, as well as of every other journal, as to the relation which may exist between the publisher and the advertiser; but does the question of the relation of the reader to the advertiser ever arise? For there is a trinity of responsibility, and it is so intermingled that it

would be difficult to divide the questions into component parts.

The advertiser no doubt needs the advertising, else he would not have it; the publisher may need the advertising, that he may carry on the publication; and the reader also needs the advertiser, that he may be made aware of the progress of chemistry and the arts. This we all agree upon, but there is another relation that exists, with the advertiser as one party and the reader as another.

The advertiser makes it possible for the reader to secure this, and every other publication, at a largely reduced cost. He helps you to pay for it, and it is certainly due him that you give him the coutesy of a hearing. Read what he has to say, and if everything else is equal give his goods the benefit of this relation. Reciprocity is one of the essentials in national as well as in international life, and upon it depends the integrity of business as well as of social life.

The advertiser in this journal, for instance, desires the patronage of the women of the profession, and he frankly says so. He believes in women in medicine. He is our friend; why not do something on our part and give him a chance. Write to inquire what he has to offer, anyway.

The real fact is we are all interdependent in this life, and we cannot alter this condition by shutting our eyes and refusing to see.

Be friendly. Write occasionally, thereby helping us, helping the advertiser, and lastly, helping yoursel.

Miss Sinclair, a fully qualified surgeon, has been appointed by the Asylums Committee of the County Council as doctor at Claybury Asylum, England. She has had much experience, and was lately on the staff of a fever hospital. Dr. Benson, the woman who last held the post at Claybury, has been appointed to a Government hospital in Madras, at a salary of $4,000 a year.

Dr. Louise A. Murray, a graduate of the medical college of Syracuse University, has just been appointed Public Vaccinator for Syracuse, N. Y. A New York physician writes: "So far as I know, this the first example of that fairly easy and lucrative office falling to a woman. Dr. Murray will fill it well."

Encysted Dropsy of the Peritoneum Secondary to Utero-Tubal Tuberculosis and Associated with Tubercular Pleurisy, Generalized Tuberculosis and Pyococcal Infection.

By CLARIBEL CONE, M. D. Professor of Pathology, Woman's Medical College, Baltimore, Md.

(From the Pathological Laboratory of the Johns Hopkins University and Hospital.)

THE following case is of interest not so much because of lesions in themselves unique, as because of the rare combination of many lesions, the extensive character of these lesions, and the multiple nature of the infection.

The case has many features in common with that reported by Gardner, of Montreal, in the year 1885, and is similar to those described by Wm. T. Howard, of Baltimore, the same year.

CLINICAL HISTORY.

N. A. primipara, aged 30 years; colored. Admitted to the Maternite of the Hospital of the Good Samaritan, in the service of Dr. B. B. Browne, November 19, 1894.

The patient had been married several years; had no children, no miscarriages. Menstruation commenced at the age of 15; it had always been regular, painful and profuse, lasting from six to eight days, during which time she was compelled to remain in bed. Her last period occurred about the middle of March, 1894.

PAST HISTORY. No family history could be obtained. The patient had measles after reaching adult life. Five years ago she suffered with an attack of "malaria" which lasted three months; at this time she claims to have been "very sick." The attack recurred in September, 1894.

HISTORY OF PRESENT CONDITION. The patient is in the eighth month of her pregnancy. Throughout this time she has been feeling ill; she has had pain in the back and abdomen, increased on exertion. At present there is constant backache, and pain in the lower part of the abdomen. Appetite is good; bowels constipated; urine of low specific gravity, otherwise normal.

EXAMINATION. Fœtus occupies the left occipito-posterior position. In the right iliac region is a mass, partly soft, partly resistant, which seems to be connected with the uterus, and is not painful except on deep pressure.

On November 18 at 9:30 p. m. the woman was delivered of a healthy child, but owing to uterine inertia the placenta had to be removed. The labor was protracted, lasting 38 hours. The perineum was lacerated and repaired at once. Two days after delivery the patient was attacked with a chill followed by fever and sweating. The record of the puerperium shows an irregular temperature of septic character whose highest point was 104.3°, whose average was 102°. There was no fever after the second week and the patient's condition was recorded as good.

On January 19, 1895, she was discharged from the hospital apparently in fair health. The following April the patient visited the hospital clinic for treatment, considering herself again pregnant since February. In July, 1895, she returned with enlarged abdomen and general discomfort. At this time she claimed to have felt the fœtal movements; in August she was seen at the clinic by Dr. B. B. Browne, who, after examination, did not think her pregnant.

SECOND ADMISSION. In October, still believing herself pregnant, the woman was readmitted to the Maternite. After careful examination under an anæsthetic, pregnancy was definitely excluded from the diagnosis. At this time a large hard mass was found to the right of the uterus and apparently connected with it. The nature of the tumor could not be determined. Following the other examination the woman became quite ill. There was great pain in the lower part of the abdomen and sudden rise of temperature. The patient was then transferred to the gynecological department of the Hospital of the Good Samaritan. After the second day the abdomen began gradually to swell, and on December 1st it was much distended. The patient was losing flesh and strength. The temperature showed a typical hectic range, being normal or subnormal in the morning, with an afternoon rise fluctuating between 100° and 103°. The lowest point reached was 95.4°, the highest point 104°.

Repeated examinations of the sputum showed no tubercle bacilli.

DIAGNOSIS. Encysted dropsy of the peritoneum, probably tubercular.

OPERATION. For removal of the dropsical fluid. On February 26th a laparotomy was performed by Dr. Browne. An incision 5 cm. long was made in the median line of the abdomen. From this opening about eight litres of transparent, pale greenish fluid escaped. The entire anterior portion of the peritoneal cavity was found to be converted into a suppurating cyst. An additional litre of semi-solid caseous material resembling masses of congealed fat was removed by the hand of the operator from the lower part of the sac where it covered the pelvic viscera on the right side. After evacuation of the fluid the surface of the peritoneum was found thickened and converted into a necrotic membrane resembling the caseous masses which floated in the pus.

EXAMINATION OF FRESH ABDOMINAL FLUID.—The microscopic appearance was that of a turbid, pale greenish yellow fluid in which floated shreds and flakes of caseous material. On standing it separated into two layers, an upper transparent, greenish fluid and a lower dense, creamy mass. The mi-some red blood corpuscles and shreds of necrotic tissue en-croscopic examination of this fluid showed numerous pus cells, tangling pus cells. Stained cover-slip preparations of the fluid exhibited numerous cocci in pairs, clusters and short chains, but no tubercle bacilli were found.

Immediately following the operation the patient's condition was much depressed. She rallied, however, responding to stimulation. Her general condition improved and she became much more comfortable until the tenth day, when without pain or other distressing symptoms she died suddenly, March 6, 1896. The autopsy was made three hours after death.

ANATOMICAL DIAGNOSIS. Tuberculosis of the Fallopian tubes, uterus, ovaries, peritoneum, pleura, and viscera generally. Acute fibrino-purulent and caseous peritonitis; acute sero-fibrinous and hemorrhagic pleurisy; mixed, tubercular staphylococcus and streptococcus infection; congestion of viscera; general arterio-sclerosis.

The body is much emaciated. In the median line of the abdomen is a gaping incision. It begins 3.7 cm. below the umbilicus and extends 5 cm. downward, exposing a sloughing, puriform cavity from which bubbles of gas are evolved on pressure. The subcutaneous fat is quite absent; the muscles are brownish red in color.

ABDOMEN. On opening the abdomen the entire anterior portion of the peritoneal cavity is found to be converted into a suppurating cyst. This extends from the liver above to the pelvis below, and traverses the lateral diameter of the abdomen from ank to flank, dipping deeply on both sides. The walls of the sac are made up of dense, opaque, yellow necrotic material found at operation. Extending across the cavity obliquely downward, and from before backward, as if to support its somewhat flaccid walls, are four or five dense fibrous bands covered by caseous material, continuous with that lining the general suppurating sac. Of these the largest is in the median line. It is long and almost cylindrical, measuring 3.7x2.5 cm. in diameter. Its anterior and upper attachment is to the abdominal wall 2 cm. below the umbilicus. Its posterior attachment below is by a broad expansion upon the posterior wall of the sac where it dips down to cover the pelvic viscera. A second organized band, smaller, but similar in character to the one just described, is found on the left side. A few adhesions are also found in the posterior wall of the sac on the right side. On transverse section these bands show an organized, pink, fibrous groundwork thickly inlaid with miliary tubercles and limited by a zone of caseous material. The posterior wall of the pus sac is found so densely adherent to the intestines and other adjacent viscera that separation is difficult. No trace of the normal omentum can be found, and the probabilities are that it enters largely into the composition of the suppurating cyst and the traversing fibro-caseous bands.

The coils of intestine are densely matted together by old fibrous bands and by more recent and lighter adhesions, studded everywhere with yellow miliary tubercles, and form a single compact mass filling the greater part of the abdominal cavity. Not only are the intestinal coils adherent to each other, but they are bound to all neighboring viscera. The mesentery is greatly

The bronchial and mediastinal lymph glands are enlarged and caseous.

HEART. Owing to the excess of fluid in the left pleural cavity, the heart occupies a position behind the sternum, almost in the median line. The pericardium, the pericardial fluid, the endocardium and heart valves are normal. The aorta contains thickened yellow atheromatous plaques.

CRANIAL CAVITY. There is a slight increase of cerebral fluid. The meninges of both cerebrum and cerebellum are congested, particularly on the under surface. The pia arachnoid at the base of the cerebellum contains two or three yellowish white bodies resembling miliary tubercles.

Cover-slip preparations made from these nodules show no tubercle bacilli.

The pelvic viscera were removed at autopsy and placed in formalin, for detailed description later.

PELVIC VISCERA. UTERUS. The uterus is 8.5 cm. long, 5 cm. broad and 2.5 cm. in the antero-posterior diameter. Both the anterior and posterior surfaces are covered by an opaque, yellowish white, felt-like membrane, varying from 2 to 6 mm. in thickness. This membrane passes directly from the uterine walls to the other pelvic viscera, forming a complete blanket, and constituting the lower part of the large pus sac which occupied the anterior portion of the peritoneal cavity. Projecting from the middle third of the posterior wall is a myomatous nodule about the size of a large walnut, attached to the uterus by a short and broad pedicle. Springing from the fundus of the uterus about 2 cm. anterior to the right cornu is another pedunculated myoma, large, ovoid, and 9.5x7.5x5.5 cm. in diameter. From the left surface of this tumor springs a cylindrical band about 3 cm. long and 13 mm. in diameter, attaching it loosely to the coiled-up mass of intestines behind. This band is of the same general nature as the fibrocaseous bands which traverse the abdominal cyst. Another band, broad, flattened, and 6 mm. thick, is attached to the right surface of the tumor. The forms part of the general peritoneal sac. On stripping back the dense, felt-like membrane covering these tumors, their surfaces are found studded with tubercular nodules of a yellowish white color, and from one to three mm. in diameter. The smaller tumor can be easily shelled out of its capsule, owing to a peculiar orange-yellow caseous material separating the two in the region of the pedicle. The myomata, so far as can be seen, do not contain tubercles in their interior. The uterine wall measures 1 cm. in thickness at the fundus, Fig. 1, F. U., 2 cm. anteriorly and 1 cm. posteriorly. It is pale pink in color and is studded with sparsely scattered, yellowish, miliary and conglomerate nodules.

The cervix is 2.5 cm. in length. The mucous membrane of the body presents a shaggy, moth-eaten appearance, of yellowish color and friable consistence. The mucous membrane of the cervix, which is much less rough and friable, still presents

indications of the normal rugæ. The mucosa varies from 2 to 5 mm. in thickness.

RIGHT APPENDAGES. Springing from the right uterine cornu and extending backward and downward, so as to be completely concealed from view by the large myomatous tumor which filled the right inguinal region, is a mass 8 cm.x5.5 cm. x2.5 cm. in size. It presents at first sight the appearance of an enlarged ovary, covered by the general pyrogenic membrane, beneath which, as in the uterus and elsewhere, are miliary and conglomerate tubercles studding the surface. Upon section, however, it is seen to consist of the convoluted tube, thickened and necrosed, with its exaggerated coils held together in a stroma of dense organized connective tissue studded with miliary tubercles. Beneath the lower part of this convoluted mass is seen a portion of the ovary, so completely covered by and adherent to the tube as almost to have lost its own identity. A longitudinal section through this tubo-ovarian tumor gives transverse, oblique and longitudinal sections of the much distorted tube. They lie like scattered caseous islands with ulcerated centres, in the tubercle-dotted stroma. The walls of the tube are from 3 to 8 mm. thick, and are for the most part uniformly caseous. Here and there is a nodular studding which gives the mucosa an uneven surface; or again a rich infiltration of the other coats with barely agglomerated caseous tubercles is observed. The fimbriated extremity, dilated, and curled outward in trumpet-like expansion, is directly continuous throughout its circumference with the anterior peritoneal sac. The folds of the fimbriated end are everywhere visible and appear densely thickened and ragged; the extremity itself measures 2.5 cm. in diameter.

LEFT APPENDAGES. The left tube is exceedingly tortuous, and from the uterine cornu outward gradually increases in size, terminating in a fimbriated extremity 4.5 cm. in diameter. It is 11 cm. long in its contracted state. The folds of the fimbriæ are transformed into a greatly thickened, moth-eaten membrane, from whose surface project numerous papillary processes varying in size and shape and measuring from 10 to 14 mm. in length. The interior of the tube bears some general resemblance to the necrotic membrane which covers its surface and which represents the walls of the abdominal sac with which both tubes appear to be directly continuous. The convolutions of this tube, while excessive, as are those of the right side, are not embedded in a dense organized stroma, but are held together by tolerably firm adhesions. These, as well as the surface of the tube, exhibit caseous, miliary tubercles. Longitudinal and transverse sections through the tube show extreme necrosis of its walls. They are more extensively ulcerated toward the outer third, where the condition is most advanced. The lumen at this point is increased to 13 mm. in diameter. The walls of the tube are here from 3 to 5 mm. thick and consist mainly of caseous material with a narrow

outer border of organized tissue. This forms a capsule which can be readily stripped away from the central necrotic mass. The thickness of the tube about its middle portion is 2 cm. There is no lumen visible on cross section, but the entire tube seems made up of one dense, yellowish, homogeneous mass.

The left ovary lies behind and beneath the tube, to which it is bound by adhesions similar to those connecting the convolutions of the tube. From this it may be detached with moderate ease. It is about normal in size and position. The surface is covered by the same necrotic membrane, and exhibits upon its removal sago-like bodies. On section the structure is smooth, firm, grey and glistening, showing several corpora fibrosa, and one flattened tubercle just beneath the surface.

Connected with the pelvic viscera and binding them together are portions of the peritoneum which went to make up the original sac wall but which were torn away at autopsy. They are of the same general appearance as the necrotic membrane covering the viscera. A similar sac, collapsed and dipping down behind and to the left of the cervix uteri, is covered in by the small myoma above described. This represents the remains of an abscess about the size of an orange which ruptured at autopsy, discharging thick, greenish yellow pus.

THE VAGINA. There are several small, greyish, flattened elevations upon the surface of the mucous membrane, irregular in size and shape, some round, measuring from 1 to 2 mm. in diameter; others with irregular edges measuring about 6x3 mm. in diameter. There is also a small superficial ulcer in the posterior vaginal wall just below the cervix. It is about the size of a split pea, has sharp irregular edges, but contains no tubercles in its walls. The vagina is otherwise normal.

The bladder is contracted and is apparently normal.

The rectum is partly covered by necrotic membrane, but shows no abnormalities.

HISTOLOGICAL EXAMINATION.

PELVIC VISCERA.

UTERUS. The surface epithelium has entirely disappeared, and the uterine mucosa shows a granular necrosis throughout the inner fourth of its thickness. Beneath this the normal stroma is invaded by diffuse tubercle tissue with discrete caseating nodules. It is the union of these nodules near the surface of the mucosa which results in the granular necrosis. In the depth of the membrane the uterine glands are preserved, although the epithelium is swollen and invaded by mononuclear and polymorphonuclear cells. They are often dilated, and contain swollen desquamated epithelial cells, polymorphonuclear leucocytes and granular detritus. The giant cells of both stroma and nodule are round, oval or irregular in shape, with a mural or polar arrangement of the nuclei. The epithelioid cells of the diffuse tubercle tissue are usually round or polyhedral, with small vesicular nuclei. Those of the caseating nodules are ir-

regular and elongated, with oval, bizarre and wavy nuclei, the close packing of which in the periphery of the nodule gives the appearance of a radiating fringe.

The muscular coat is infiltrated throughout its entire thickness with diffuse tubercle tissue and discrete miliary nodules, most of which are caseous. The diffuse infiltration is represented by small cells with solid and vesicular nuclei, arranged in longitudinal strands between the muscle bundles. The caseous nodules lie next to the peritoneal surface, and are irregularly triangular in shape, with bases toward the serosa. Sometimes the bases coalesce and form a continuous scalloped caseous zone. The muscle cells are increased in number, and here and there are myomatous foci which consist of dense aggregations of cells containing elongated club-shaped nuclei.

The blood-vessels of the muscular coat present interesting features; some of them show the typical changes of endarteritis obliterans, with more or less encroachment upon the lumen. But the most characteristic lesion is the tubercular involvement of the vessel walls. This process sometimes begins in the intima and remains limited to this coat, or extends to the media or adventitia. Sometimes it takes origin in the adventitia and perivascular tissues, and spreads inward in like manner through the other coats. It may be diffuse or circumscribed, it may be a cellular proliferation simply, or show all stages of degeneration, from an early nuclear fragmentation and karyolysis, to advanced caseation in which all the coats and even the vessel contents are transformed into a dense hyaline mass. The corpuscular contents of the vessels are often preserved intact, notwithstanding advanced changes in the vessel walls. Again there are thrombi, hyaline or mixed, in various stages of transformation. Sometimes the vessels are the centre of a tubercular process, in which case their fibrinous contents are continuous with a fibrillated fibrin which extends out into the surrounding tissues. Where the tubercular change is early and begins in the intima, the endothelium is sometimes preserved intact; here there is subendothelial proliferation of the connective tissue cells, forming epithelioid cells of a round or polyhedral shape, with moderate or abundant protoplasm and small round nuclei. But in other cases there is evidence of endothelial proliferation, these cells enlarging, becoming at times cuboidal, and forming a lining of two or more rows to the lumen, with occasional complete occlusion.

In the serous membrane the changes are most marked; on the surface is a dense, opaque, necrotic coat, granular, fibrillated and hyaline. Beneath this is a narrow zone of nuclear fragmentation, while yet below and forming a line of demarcation between the necrotic portion of the serous coat and the scalloped caseous zone of the muscular coat is a narrow band of œdematous, vascular connective tissue containing a few muscle fasciculi, and showing infiltration with lymphoid, epithelioid, polymorphonuclear and occasional giant cells.

The process is least advanced in the cervix, most advanced in the fundus. In the cervix there is no invasion of the muscular coat, and the vaginal portion contains no evidence of tubercular involvement other than a solitary cellular tubercle under the stratified epithelium in its upper part, and a cellular proliferation of the corium, gradually disappearing as the outlet is approached.

Among the diffuse tubercular tissue are found numerous homogeneous, highly refractive globules of various sizes, occurring singly or in groups. They show especial affinity for acid aniline dyes, and also stain intensely with gentian violet. In shape they are invariably round; in size they vary from that of a micrococcus or a basophilic granule to that of a lymphoid cell, some even exceeding this. Their average diameter is that of a red blood corpuscle; in fact, when uniform in size, and occurring in masses, they are readily mistaken for such specimens which have been stained with hæmatoxylin and eosin. The little globules are, however, more homogeneous and solid and more highly refractive than red blood corpuscles. These appear oftenest more or less closely packed within cell bodies, the nuclei of which are still preserved. Sometimes they accompany a more advanced degeneration, in which case the nucleus stains poorly or not at all. Again, they are free from cellular inclusions, and lie in groups or scattered through the tissues. The groups are circular, elongated or irregular, and contain from two to thirty or more members. With Weigert's fibrin stain they stand out conspicuously as deep blue spheres, homogeneous and structureless. With Russell's fuchsin stain they strike a bright red hue; with eosin they stain pink. In many respects they correspond with the hyaline bodies considered by Lubarsch as a form of albuminous degeneration, found by various observers in both normal and pathological conditions, and described by Russell as "Fuchsin bodies." In the present case they contain neither nuclei nor spores such as Russell and others have described.

In all three coats of the uterus micrococci are found arranged in pairs, clusters, or chains of greater or less length, numbering from three to sixteen members. They are especially numerous along the superficial caseous zone of the peritoneal coat, where they form a thick, irregular border and extend deep into all fissures of its necrotic structure. In the muscular coat they are less numerous, and are found for the most part within and about blod-vessels in the bands of the infiltrated tubercle. In the mucous membrane they are again present in considerable number, somewhat sparsely scattered at times or occurring on occurring on the surface as dense aggregations. Where scattered, their arrangement is usually in the form of pairs and chains.

Tubercle bacilli are also found in the uterine tissues. They occur in the interior of vessels, either free or enclosed within cells, in the vessel walls, and in the tubercle tissue outside.

The uterine myoma is covered by newly formed connective

tissue, with rich infiltration of diffuse and circumscribed tubercles and many pus cells. The capsule is made up of strata of well preserved fibro-muscular bands. But the interior of the tumor is necrotic throughout. Near the surface of the necrotic myoma is a narrow zone of calcareous matter; the walls of all blood-vessels in its vicinity are likewise calcified. A still broader zone of necrotic myomatous structure, including the calcareous band, is dotted over with spiculated spherules of golden yellow pigment. No tubercles are seen. Russell's fuchsin bodies are numerous in the tissue covering the myoma, but none are found in its substance. Micro-organisms similar to those found in the uterus are likewise found in the tubercular covering of the tumor.

RIGHT FALLOPIAN TUBE. The mucous membrane of the right Fallopian tube at its uterine end has an almost intact epithelium. In one place, however, the epithelium is wanting, and here the stroma is invaded by a mass of tubercle tissue, some of which has broken off and lies free and degenerating in the centre of the lumen, together with the desquamated epithelium. The middle coat of this part of the tube retains its muscular structure; bands of muscle, however, are separated from each other by serous infiltration or by alternating bands of diffuse tubercle tissue. The serous coat is composed of solitary caseous tubercles so blended as to form a continuous scalloped zone. On passing outward from the uterine end the tubercular process becomes more marked, and when the middle portion of the tube is reached the walls are so intensely involved as to form a thickened necrotic mass, with no evidences of structure except a narrow fibro-cellular zone encircling the tube about 2 mm. from the periphery. The necrotic substance is hyaline in the centre, where it is pierced by a ragged slit-like lumen. It corresponds here with the remains of the mucous membrane. There is nuclear fragmentation within the fibro-cellular zone, and among the nuclear fragments isolated bands of muscle are preserved in scanty number. The surface necrosis corresponds essentially with that of the uterine serosa, while the middle fibro-cellular zone is continuous with the thickened, œdematous, vascular connective tissue of the uterus, which there formed a line of demarcation between the necrotic portion of the serous coat and the scalloped caseous zone of the muscular coat. Here, as there, it contains a few isolated muscle bundles, the only normal elements of the original Fallopian tubes. Here, as there, it is infiltrated with tubercular cellular tissue and polymorphonuclear cells, and here, as there, it shows many vascular changes, both sclerotic and tubercular, similar to those described in the uterine muscular coat.

There are numerous dilated lymph spaces and blood-vessels with subendothelial proliferation or a lining of cuboidal cells. Occasionally a well-defined giant cell takes origin in the endothelium of a vessel and projects into the lumen, filling it more or less completely. Sometimes such a cell is found free in the vessel. Indeed, the giant cells are numerous throughout the

middle coat, and are especially abundant near the necrotic mucosa. They are often situated in little caverns, which are sometimes surrounded by lymphoid cells. Where not so situated, they are more apt to be surrounded by an irregular zone of epithelioid cells. They are elongated or irregularly ovoid in shape, of various sizes, and contain nuclei at their poles or about the periphery, seldom in the centre. Sometimes they are invaded by polymorphonuclear and lymphoid cells.

In the fimbriated extremity the degeneration is extreme. The lumen is considerably dilated, the walls are convoluted and thick. The mucous membrane is composed of three strata representing gradations of tubercular change. Next to the lumen is a narrow necrotic border, which takes an intense eosin stain. It gives occasional evidence of original structure in the preserved outlines of old blood-vessels, of connective tissue bands, of giant cells, and even of an occasional caseous tubercle which has not yet lost its identity by coalescence with the general necrotic border. Outside of this is nuclear fragmentation with structural outlines still better preserved; while yet beyond is the normal stroma invaded by infiltrated tubercle. The middle coat is a comparatiely narrow band of fibro-cellular tissue, not yet degenerated, forming less than a third of the whole tubal thickness, and presenting the same interesting features as the corresponding coat of the middle portion of the tube. The thickest part of the wall is the peritoneal coat; it is entirely involved in an extensive necrosis which is at one time fibrillated, at another granular or hyaline.

The little refractive globules described in the cellular tubercular tissue of the uterus as Russell's fuchsin bodies are present also in the tube in considerable number. They lie by preference in the middle coat, in which the tubercle tissue is best preserved. They present the same general characteristics as the hyaline bodies of the uterus, but are somewhat smaller. Indeed, whereas in the uterus their average diameter is that of a red blood corpuscle, in the tube their average size is that of a micrococcus; and, where Weigert's fibrin stain is used, they could readily be mistaken for such, were it not that upon careful examination they show less uniformity in size, take a more solid stain, and because larger globules, both free and in cells, are found in the same neighborhood. Extra-cellular spheres of large size grouped with smaller hyaline globules are sometimes found occupying open spaces in the tissues.

The borders of the necrotic zones, both mucous and serous, in all parts of the tube, are invaded to some depth by deeply staining micrococci, which in form, size, grouping and arrangement in the tissues, resemble the organisms found in the uterine coats. Similar organisms are found at times in the blood-vessels of the middle coat. The streptococci predominate, and the average length of the chains is six members. Tubercular bacilli are likewise found.

RIGHT OVARY. The right ovary is somewhat enlarged. Its surface presents a smooth, wavy outline and is covered by a

thick, œdematous, vascular connective tissue which contains lymphoid and epithelioid cells, but no giant cells. There are also numerous dilated lymphatic vessels filled with lymphocytes. The edges of this connective tissue covering are ragged and represent the remains of old fibrous adhesions between the ovary and neighboring structures. Deep within the ovarian stroma are several isolated and conglomerate caseous tubercles. There are many advanced corpora fibrosa, and an unruptured Graafian follicle in the process of retrograde metamorphosis. Russell's fuchsin bodies are numerous in the tubercular tissue covering the ovary, and in the ovarian tissue itself. They are present where the degeneration is least advanced, and may be seen, not only in the tubercular areas, but in association with other degenerative changes—in the hyaline degeneration of corpora fibrosa and in the retrograde metamorphosis of unruptured Graafian follicles.

Streptococci, staphylococci and tubercle bacilli are present. Of these the streptococci are most abundant and occur in long chains, at times reaching the length of fourteen members. They are located within the lumen of blood-vessels, in the blood-vessel walls, or in the perivascular lmphatics of the connective tissue covering the ovary, and are oftenest free, but may be found enclosed in cells.

LEFT FALLOPIAN TUBE. The left Fallopian tube has the same general structure as the right, the only difference being that the tubercular lesion is more advanced. The middle portion of the tube is converted into a dense necrotic cord, the transverse section of which shows a ragged longitudinal rift in the centre of an oval area of hyaline necrotic material. This is surrounded by a fibro-cellular border, whose surface is roughened by fibrous shreds torn in the process of separation from adjacent structures. The fibro-cellular border corresponds with both middle and outer zones of the other tube. The fimbriated extremity, like its fellow, is extensively degenerated, and the lumen is also much enlarged. Its walls, however, are less uneven and are but half the thickness of those of the corresponding tube. Continuous with the middle portion of the tube the fimbriated extremity likewise has an outer border of fibro-cellular tissue and an inner hyaline necrotic coat. In this tube there are fewer giant cells than in the other, and the tubercle tissue in places shows fibroid change. Russell's fuchsin bodies are present in small number.

The micro-organisms found are similar to those in the other tube.

Thus, while both tubes show in the main the same tubercular lesions, they differ in that the left tube has somewhat thinner walls, contains a smaller number of giant cells, exhibits in places fibroid change, and the thickened necrotic serous coat is wanting.

LEFT OVARY. The left ovary is smaller than the right and is surrounded by diffuse tubercular tissue. In gland-like spaces near the surface are found great accumulations of nu-

clei, bound together by hyaline and fibrillated fibrin, and often presenting the appearance of the tubercle giant cell. In this ovary there is but one solitary caseous tubercle, about the size of a split pea, which projects slightly above the surface and dips down into the stroma. Fuchsin bodies and micro-organisms are present, resembling in every respect those found in the right ovary.

THE VAGINA. The vagina shows no tubercular involvement. The elevated greyish white patches observed on microscopic examination consist of swollen, distorted, stratified epithelial cells. Occasional polymorphonuclear and mononuclear cells have wandered up into the epithelium. There is slight proliferation of the cellular elements in the upper portion of the corium. Fuchsin bodies are found in these proliferating areas. More densely stained globules are seen in the swollen epithelium above. Upon the surface of the mucous membrane there are a few cocci and long bacilli. Within the blood-vessels of the vaginal wall, and especially in the larger ones, cocci occur in pairs and chains, both within cells and outside of them.

The bladder and urethra show nothing abnormal.

PUS SAC. The wall of the pus sac, portions of which remain adherent to the pelvic viscera, is from 4 to 6 mm. in thickness. It consists of three coats not sharply differentiated one from the other. In the inner necrotic coat, which represents about one-third of the thickness of the sac wall, the degeneration is extreme. Its surface is edged by dense aggregations of micrococci which in places extend deep into the necrotic structure. The middle coat is fibro-cellular and contains a few isolated clusters of fat cells. It is infiltrated with diffuse tubercular tissue. The outermost coat is not sharply separated from the middle, and differs from this in containing numerous closely packed caseous tubercles. Fuchsin bodies are present as intracellular and extracellular globules. They are of all sizes, and contrary to what occurs elsewhere, they are found in the most advanced necrosis. In such places they take a less intense gentian-violet stain and merge gradually into the surrounding necrotic structure. Micrococci are found in all three coats arranged in pairs, clusters and chains. They are especially numerous upon the inner surface of the sac, where they form a continuous irregular layer. Tubercle bacilli are also present in small number.

GENERAL VISCERA.

The lung shows very little that is abnormal. The visceral pleura is considerably thickened and presents an irregular wavy outline. Its surface is covered by a layer of fibrin formed by the coalescence of highly refractive clumps. These, in places, extend deep into the tissues, where they appear as densely hyaline whorls, or the fibrin remains limited to the surface, where it forms a meshwork enclosing polymorphonuclear cells. The more hyaline portions are at times invaded by organizing connective tissue. Beneath the fibrinous covering is a layer of highly vascular granulation tissue which contains closely-set flattened tubercles. These tubercles project here and there between

the clumps of hyaline fibrin, extending at times to the surface, or dip down into the long substance. They are more or less caseous and show the same general structure as the tubercles already described. Where less advanced they contain many giant cells. The deeper layers of the pleura contain dark brown and black granular pigment, both free and enclosed in cells.

The parietal pleura resembles the visceral in its general histological features. It is composed of a superficial layer of fibrin beneath which are granulation tissue and caseous tubercles. Quite beneath is a third layer consisting of œdematous connective tissue, the meshes of which are widely separated by serum and the spaces of which are occupied by swollen mononuclear cells. In the parietal pleura there are small extravasations of blood. Both layers of the pleura contain the fuchsin bodies and basophilic cells. A few pairs and chains of cocci and tubercle bacilli are present.

LIVER. The capsule is thickened by tubercular growth. The lobules show dilatation of the central veins and adjacent capillaries. The hepatic cells in the centre of the lobule contain a brownish yellow pigment. The peripheral cells are filled with fatty globules.

Distributed thickly through the liver substance, in close relation with the blood-vessels, are countless tubercles, most of which are of microscopic size. Large nodules evident to the naked eye are less abundant. The former consist for the most part of lymphoid cells or of lymphoid with a central accumulation of epithelioid cells. The larger tubercles are evidently older and exhibit the typical structure of miliary tubercles with advanced central necrosis. There are a few pairs and chains of cocci in the liver capillaries.

SPLEEN. The capsule is thickened by a new growth of cellular connective tissue containing caseous miliary tubercles. The spleen parenchyma shows an increase in its cellular elements. Much blood pigment and many red blood corpuscles are found. The arterial walls are considerably thickened, and an occasional hyaline thrombus in one of the smaller vessels is seen. There are numerous tubercles, both young and old, scattered through the splenic substance. Fuchsin bodies are present. Micrococci in pairs, masses and chains are found. They are sometimes arranged within cells, but are usually extra-cellular.

KIDNEY. The kidney shows parenchymatous and fatty degeneration of the epithelium lining the Malpighian tufts and the convoluted tubules. There is a slight increase of connective tissue, especially under the capsule. The tubules are here compressed, but elsewhere they are at times dilated. Hyaline and granular casts are found. The wedge-shaped area described among the macroscopic lesions is found to consist almost entirely of connective tissues in various stages of development. It compresses the tubules, many of which are completely obliterated; while others persist with intact epithelium or with lumen distended by hyaline casts. The Malpighian tufts are

small and fibrous, and in places are converted into hyaline balls. Indeed, the connective tissue invades all structures in the triangular area, and tubules, blood-vessels and glomeruli are alike involved. The central cyst is lined by cuboidal or flattened epithelium. Its walls appear to contain a large number of muscle fibres which hae an irregular arrangement and include masses of lymphoid cells. It is continuous with several smaller tubular dilatations and is undoubtedly a retention cyst. At the apex of the triangle is a large dilated blood-vessel with irregular thickened walls and lumen containing remnants of a probable thrombus. The area resembles an infarct in the process of cicatrization, but for the presence of apparently functioning structures. A few cocci arranged in pairs are found within a blood-vessel of the kidney.

PANCREAS. The capsule is considerably thickened by a new growth of connective tissue, alternately fibrous, cellular, vascular and œdematous. Numerous closely-set tubercles are embedded in the capsule. They are round and project beyond the surface, or they may be flattened and elongated. They show the typical structure of cellular, caseous and fibroid tubercles. The capsule contains the fuchsin bodies and masses of micrococci.

LYMPH GLANDS. The bronchial lymph glands are invaded by lymphoid, epithelioid and giant cells and show a tendency to fibroid change. Some of the central arteries are sclerotic, others show tubercular lesions. Masses of basophiles are present in the centre of the glands, especially grouped around the blood-vessels, and the fuchsin bodies are found at times occupying the interior of basophilic cells. Micrococci occur in pairs and chains within blood-vessels and in the perivascular connective tissue.

In the mesenteric lymph glands the tubercular process is more advanced. The centre is necrotic, with original structural outlines still preserved. The periphery of the gland retains its lymphoid nodules, but these are invaded by tubercle tissue. The blood-vessels are thickened, and basophiles are found. The gland is covered by œdematous tubercular tissue. Diplococci and staphylococci are numerous in the surrounding connective tissue, and beaded tubercle bacilli are found in the interior of the gland.

The aortic valve, the aorta and the coronary arteries show irregular thickening of the intima due to increase of connective tissue which in places is swollen, and the interstices between the branching connective tissue cells are occupied by translucent, highly refractive masses. Or again, the tissue is non-cellular and diffusely hyaline. On the edge of the aortic valve where it appears necrotic a few diplococci are found.

FIBRO-CASEOUS BANDS. The fibro-caseous bands extending across the abdominal pus cavity, and those in the pleural sac, are made up of fibrillated connective tissue, everywhere invaded by diffuse tubercle tissue and circumscribed tubercles in

all stages of growth or of retrograde metamorphosis. The peripheries of the bands consist of necrotic zones edged by a closely packed layer of micrococci. The connective tissue stroma shows every stage of organization from young granulation tissue to dense hyaline bands; the blood vessel walls are thin and easily ruptured, and extravasations of blood are sometimes found. The diffuse tubercle tissue consists for the most part of lymphoid and epithelioid cells grouped usually in the neighborhood of blood-vessels. Few giant cells and some basophiles are found. The tubercles exhibit every stage of growth and of retrograde metamorphosis. At times they present a typical cellular structure with giant cells in the centre. Again, the center is occupied by a blood-vessel, and the lumen of such vessel may contain well preserved fluid contents, fibrillated fibrin, or a hyaline or mixed thrombus. The caseous peripheral zone is from 2 to 6 mm. in thickness. It contains no cells nor nuclear fragments, but is made up of a structureless necrotic substance, alternately granular, fibrillated and hyaline. Fuchsin bodies are easily demonstrable. They are of all sizes, from that of a basophilic granule to a lymphoid cell, and are both intracellular and extracellular. They occur in the diffuse tubercle tissue where degeneration has just begun. The micrococci found on the surface of the band sometimes extend deep into its substance; they occur in pairs, in masses and in chains. In the bands of the abdominal pus cavity compressed lobules of adipose tissue exist.

BACTERIOLOGICAL EXAMINATION.

Cover-slip preparations made at autopsy from a tubercle upon the pleura demonstrated large numbers of long beaded tubercle bacilli and clusters of micrococci. Cultures made from this tubercle enable one to isolate white, lemon yellow and orange colored colonies. Inoculations from these colonies into the various culture media exhibit the peculiar cultural characteristics of the staphylococcus pyogenes aurens, citreus and albus, and cover-slip preparations from the various cultures invariably show cocci arranged in clusters and in pairs. Unfortunately, no cultures could be made from the abdominal viscera, but hardened sections of the organs stained by Gram's, Weigert's and Gabbet's methods exhibit staphylococci, streptococci and tubercle bacilli in all.

SUMMARY OF HISTOLOGICAL AND BACTERIOLOGICAL EXAMINATION.

(1) The condition is a mixed infection due to the tubercle bacillus, the streptococcus pyogenes, and the staphylococcus pyogenes aurens, citreus and albus.

(2) Miliary tubercles, both grey and caseous, are found in all the iscera of the body except the heart and pancreas; in the lymph glands, and in all serous membranes except the pericardium.

(3) Diffuse tubercle tissue is found only in the more chronic lesions—in the pelvic viscera, the lymph glands, the pleura, the peritoneum, in the wall of the newly formed abdom-

inal sac, and fibro-caseous bands. In the viscera this is usually cellular, but may be caseous. In the serous membranes it is always caseous.

(4) Tubercle bacilli are numerous in the tubercular lesions throughout the body. They are especially numerous in the pelvic viscera, lymph glands and abdominal pus sac.

(5) The products of ordinary inflammation are often found associated with the tubercular lesions.

(6) Staphylococci are found in all the organs. They are most numerous in the lining of the abdominal pus sac and the fibro-caseous bands.

(7) Streptococci are likewise found throughout the body, but are especially abundant in the pelvic viscera, the pus sac and the fibro-caseous bands.

(8) Russell's fuchsin bodies are found wherever the tubercular tissue is beginning to degenerate and occasionally where the degeneration is extreme.

(9) The viscera are congested and there is general arteriosclerosis.

CONCLUSIONS.

From the clinical history, gross anatomical lesions and histological appearances, we therefore conclude that the disease began as a tubercular inflammation of low grade in the pelvic viscera some time before pregnancy.

That the tubercular process spread by direct extension or by the lymph channels to the anterior part of the abdomen, which thus became shut off from the rest of the peritoneal cavity by chronic adhesions.

That the phenomena incident to pregnancy and the puerperium excited the process to increased activity, to which, either at this time or later, was probably superadded a pyogenic infection.

That this infection remained limited to the pelvic organs because of occlusion of the tubes by previous tubercular adhesions or by the more recent inflammatory process, until manual examination of the already much diseased organs caused unavoidable rupture into the anterior abdominal sac.

The pain, rise of temperature and abdominal distension were the result of the secondary pyrogenic infection of this cavity, from which the general infection took place.

The general tubercular infection doubtless spread, partly by direct extension, partly by the lymph channels, but principally through the blood-vessels. The first two modes of invasion are shown by the extensive diffuse infiltration of all structures continuous with and contiguous to the pelvic viscera and the abdominal pus sac. Infection through the blood is evidenced by the general miliary tuberculosis of all the viscera of the body.

Tuberculosis of the tubes and peritoneum is usually a secondary condition. It may follow tubercular disease of any organ of the body, but is seen most commonly associated with

tuberculosis of the lungs. In this case, however, the process must have originated either in the peritoneum or in the tubes. The lungs showed no old tubercular foci, but were involved only in the general miliary tuberculosis. The pleura was diseased, but to a much less extent than the peritoneum or the tubes. The intestines were not at all involved, and the lymph glands were enlarged and caseous, but not extensively diseased.

The question arises, what was the relation of the tubercular disease in the tubes to that in the peritoneum? Which was primary, which secondary? Considerable difference of opinion exists as to the relation between tubercular peritonitis and tuberculosis of the tubes. In his monograph on "Tubercular Peritonitis" Osler says: "The Fallopian tubes are often affected, but the proportion given by various writers differs much. It is safe to say, I think, that in 30 to 40 per cent. of the cases in women the tubes are found affected. The process is commonly confined to the distal ends and may be primary—which is usual—or is secondary to the peritoneal involvement."

In this opinion of primary tubal involvement the majority of observers agree.

On the other hand Williams asserts that "Tuberculosis of the Fallopian tubes is far more frequently of secondary than of primary origin, and when it occurs in combination with tubercular peritonitis it is far more often the result of than the cause of the latter. The fact that the fimbriated extremity of the tube is the portion most frequently affected is of itself evidence in favor of its secondary origin, and in several cases of tubercular peritonitis we have found tubercles on the exterior of the tube and its fimbriated end, but none in its interior, showing that the process was extending from above downward." Among others, Sanger and Borschike confirm his view.

In this case the only indication pointing to the peritoneum as the source of disease is the extensive caseous involvement of its anterior part. On the other hand, primary disease of the tubes is indicated by the still more extensive involvement of their walls, by the presence of numerous giant cells, considered by Baumgarten as significant of primary tubal disease, and by the clinical history which points to the pelvic organs as the first affected. As shown by the foregoing studies, the fimbriated extremity of the left Fallopian tube must be regarded as the probable starting point of the whole tubercular process.

If then the tubercular disease of the tube is of primary origin, the further question presents itself, how did the disease arise? Primary tuberculosis of the tubes may originate in two possible ways: (1) By infection through the blood, and (2) by infection from without. Primary infection through the blood is a matter of pure speculation and is highly improbable. The more likely source of infection is through the vagina from without. Although no history of such invasion could be obtained in this case, yet it is regarded as the most probable portal of entry. The fact that the uterus was less involved than the tube, and

that the vagina was not all diseased, does not negative this theory of infection, since the tubercle bacilli, failing to find conditions favorable for their growth until the left fimbriated extremity was reached, here set up their characteristic lesions. Thence they probably spread to the fundus of the uterus, to the uterine cavity and cervix, to the opposite tube, and to the peritoneal cavity, from which the general infection took place.

The associated involvement of pleura and peritoneum must be considered of diagnostic value, since coincident inflammation of both these membranes is so often of tubercular origin.

Besides the extensive character of the lesions, there are several unusual features in the case. In the first place, considerable interest attaches to the fuchsin bodies so numerous in this case. These bodies resemble the little globular masses described by Russell in 1890 as "a characteristic organism of carcinoma," and correspond in every particular with the description of these bodies as given by Lubarsch under the head of "Albuminous Degeneration."

There is scarcely a normal condition or pathological process in which they have not been found, but their relation to malignant tumors has been especially noted. They are not of constant occurrence in any pathological change.

With regard to their nature, the view of Russell that they may be considered as yeast fungi is no longer held. They have been variously interpreted as protozoa, hyaline thrombi, altered Altmann's granules, von Recklinghausen's hyaline, bodies resembling corpora amylacea, transformation of the cell protoplasm, and as a product of the tissue fluids in which a degenerative process is added to a beginning coagulation process.

Lubarsch himself inclines to the view that the Russell's fuchsin bodies are the product of cell protoplasm, the granules of which have undergone certain chemical and physical changes. He beliees that they may be due either to a secretion or to a degeneration of the cell, the former occurring in normal conditions, the latter in pathological processes. Lubarsch also refers to the relative increase of basophiles in areas in which the fuchsin bodies abound—a phenomenon noted by Niehus and Klien, and observed also in the present case. In explanation of their coincident occurrence he attributes the formation of the fuchsin bodies to a chemical change and confluence of the granules of the former and some of the wandering cells, and suggests that both are due to active tissue transformation. From the description given in the present case, this mode of origin seems probable.

A second point of interest is the rare combination of tuberculosis in both body and cervix of the uterus. Regarding this Williams says: "The affection is almost always limited to the body of the uterus, rarely extending beyond the os to involve the cervix; and of the few cases of tuberculosis of the cervix on record, a considerable portion occurred without any involvement of the rest of the uterus. Tuberculosis of the uterus which

also involves the cervix is rarely met with, and as far as we can ascertain from a careful survey of the literature, has only been noted in seven cases."

In this connection may also be mentioned the tubercular invasion of the muscular coat of the tube, which, as a rule, escapes involvement even in advanced tuberculosis.

The large sacculated exudation occupying the anterior portion of the peritoneal cavity and simulating ovarian cyst is rare. Among the few recorded cases of tubercular peritonitis with encysted collection of fluid are those reported by Bernutz, Spencer Wells, Gardner, Howard, Erich, Ewing, Mears and Atlee.

A feature of special interest is the thick fibro-caseous band which extends across the pus sac in the median line of the abdomen, and is probably the remains of the rolled-up omentum. In structure it bears some resemblance to the thickened strands described by Klebs as passing transversely across the abdominal cavity below the umbilicus, and which he attributed to retraction of the omentum. Such omental tumors are not uncommon and have frequently been described. In location, however, this fibro-caseous band does not correspond with the transverse omental tumors, since its direction is antero-posterior and from above downward, and its attachment is by its extremities. In explanation of this formation one can only assume some distortion of the original omentum, with displacement, thickening, caseation and complete transformation into the fibro-caseous band.

In conclusion, I wish to thank Dr. Flexner for valuable suggestions during the course of this work, and Dr. B. B. Browne for kindly allowing the use of his clinical notes.

ALEXANDER'S OPERATION.

THE results of one hundred and forty-seven operations for Retroversion of the Uterus, by A. Lapthorn Smith, B. A., M. D., M. R. C. S., England; Fellow of American Gynecological Society; Surgeon in Chief of the Samaritan Free Hospital for Women; Gynecologist to the Western Hospital and to the Montreal Dispensary; Professor of Clinical Gynecology in Bishops University, Montreal. Read before the American Gynecological Society at Washington, May 6th, 1897. His paper was based upon ninety-four ventrofixations and fifty-three Alexander's operations. He held that ventrofixation was the only operation that should be entertained in cases of retroversion with adhesions; but it should not be done when the uterus was moveable and when there was no disease of the appendages requiring abdom-

inal section, in which cases Alexander's operation had given excellent results. There should be no death rate to either operation, neither should there ever be hernia, either ventral or inguinal, if the following directions were followed. The two operations were equally easy, although a few years ago the author was opposed to Alexander's operation on account of its difficulty. Now he could invariably find the ligaments, and generally in from half a minute to a minute and a half. He warned his hearers not to do Alexander's operation if there were any adhesions, even if they were loose enought to permit the uterus to be lifted up; because they would be put upon the stretch and would drag so much upon the ligaments as to finally pull them out of their anchorage. In laying down the technique of Alexander's operation he placed great stress upon the importance of putting aside all cuting instruments as soon as the skin, superficial and deep fascia had been cut through. Instead of laying open the inquinal canal as advocated by some writers, he advised his hearers not to cut a single fibre of the intercolumnar fascia which was the principal support of the pillars. Moreover, he said, the slightest nick of the fascis of the internal oblique would lead to a false passage and failure to find the ligament. If no cutting instruments were used, but only a Poeans forceps to draw out the ligament, there would be no difficulty in finding it, because there was nothing else in the canal but the ligament. In fact with the eyes bandaged it could be found and drawn out, simply by introducing the closed forceps and then opening them when the round ligament will fall into them and can be drawn out. He advocated the use of fine silk-worm gut which could be thoroughly sterilized and left in permanently. Occasionally he had been obliged to remove a buried stitch. In case any fibres of the intercolumnar or internal oblique should be accidentally cut, great care should be exercised in sewing them up to avoid hernia. He had only had one relapse after ventrofixation and one after Alexaxnder, which were both subsequently repaired. Several of the cases of ventrofixation had since become pregnant and had had normal confinements. Also several cases of Alexander had had children. Many of the patients had been bed-ridden invalids for years before and were now enjoying excellent health. Both operations, each in its proper sphere, had given the greatest possible satisfaction.

Evolution of the Olfactory Sense in Infancy.

By A. GARBINI.

Review by Prof. E. Morselli—Translated from March *Rivista di Patologia nervosa e mentale*, by SUSANNA P. BOYLE, M. D., C. M., Prof. of Normal and Pathological Histology, Ontario Medical College for Women, Physician to Girls Home, Toronto.

THE author who has already done excellent work in experimental psychology of the voice and chromatic sense in infancy, has now devoted his energies to the study of the olfactory sense, experimenting on this faculty in all its aspects in normal nursing infants, and in children one, two and three years of age, as well as those who have reached the age of fourteen. His aim has been not only the investigation of the intensity and development of the sense in regard to the perception and distinction of odors, but he has studied also the periods of the reactions, using for this purpose the ingenious apparatus invented by Buccola.

Garbini has given us a work of such value as may well make him envied by all scientific specialists, and we recognize in him an acute observation and rare scientific culture. We can give here only some of his more important conclusions:

1. The ontogenetic development of the olfactory function follows exactly the philogenetic. In infants we may consider in the development of the nasal mucous membrane, the following periods — tactile, osmo-tactile, osmo-gustatory and olfactory, corresponding to the four philogenetic periods met with in protozoa and invertebrate metazoa, in vertebratis having bronchial respiration, and in the higher vertebrates.

The succession of inherent sensations to olfactory stimuli, takes place thus: (a) tactile sensations (currents of air, etc.) are established within the first three hours after birth; at this time there is complete anosmia; (b) osmo-tactile sensations (acetic acid, and ammonia) from three hours to the fourth week; (c) osmo-gustatory (alimentary substances) begin to be differentiated in the fourth month, (d) olfactory sensations (perfumes, fragrance) are manifested after the fourteenth month.

3. The faculty of distinguishing odors develops very slowly in infancy. First the child discerns the smell of food (that of milk between the fourth and fifth week). The first odorous substances, perceived at the fourteenth month are the nauseous,* then aromatic, and lastly, the balsamic. Clear differentiation between smell and taste takes place between the nineteenth

and twenty-second month. Until the sixteenth month only the purely olfactory odors are distinguished, i. e., the balsamic, etc. It is to be noted that the language of the child acquires verbal expressions relative to smells in the same order as that of acquired physio-psychological sound, but it acquires them a year in advance, i. e., it names the odors but does not discern them.

4. In the first year of life strong olfactory stimuli occur. In the third year the intensity of the stimuli varies according to the odors, necessitating, however, very large doses of balsamic, and quite small of nauseous. In the fourth year the child can distinguish clearly the comparative intensity of smells, but the olfactory sense of the child is always inferior to that of the adult, and advances in perfection year by year.

5. In a child between three and six years the period occupied by the reaction to olfactory stimuli (e. g., essence of peppermint) is much longer than in the adult; it is three times as long between three and four years, and twice as long between five and six. Variations in the time of reaction (due to attention, exercise, fatigue, intensity of stimuli) exercise in the child a much stronger influence than in the adult. The average osmo-metric figure would be, at the fourth year, 1.038; at the fifth 0.904, and at the sixth 0.865. In children four to six weeks old, the osmo-gustatory sensations manifest themselves in girls about a week earlier than in boys; the same precocity (this time a month in advance) is seen between the second and third year. But between the third and sixth years the olfactory acuteness of the boy becomes superior to that of the girl, perhaps because the latter are less capable of attention.

6. The development of the sense of smell can be encouraged by special exercises of the olfactory organ, but such exercises must follow the physiological development of the olfactory perceptivity. Only in such a way may this sense be developed both from the practical and æsthetic side.

*Here follows the name "ircine," for which the translator has been unable to find a meaning in any dictionary.

The clasification of Consumption as an infectious disease by the New York Board of Health has done much to arouse public interest in the sanitary surroundings of consumptives. A clean and unobjectionable method of keeping their rooms odorless and free from contagious dust is to sprinkle the floors frequently (particularly before sweeping) with Pratt's Chlorides, diluted with 10 parts of water. In the cuspidors use Platt's Chlorides, diluted with 4 parts of water.

SYPHILIS AND SEXUAL NEURASTHENIA.

Their Treatment with the Gold Solutions, by

HERMAN F. NORDEMAN, M. D.

WITHIN the past six months my attention has been repeatedly called to the gold solutions (known as arsenauro and mercauro) as offering results in my special line of practice not heretofore obtained by treatment commonly in vogue. I am skeptical in regard to special therapeutic agents, as a rule, such claims being made by the manufacturer as would tend to preclude confidence rather than produce it.

The classes of cases that came under my observation were as follows: Chronic masturbators, those suffering from the results of incomplete coitus, or certain degenerates, the victims of psychical excitants leading to complete or partial impotence. These are the milder classes of cases so ably described by Kraft-Ebing in his classibal work on psychopathia sexualis, and by Schrenk-Notzing in his Suggestive Therapeutics. These patients present themselves with the usual symptoms, i. e., profound anemia, neurasthenia, relaxed scrotum, etc., etc. In other words, they belong to the list of sexual neurasthenics. They feel the desire for copulation, but the act is unsatisfactory in that the moment the organ becomes erect, ejaculation takes place, rendering the sexual congress incomplete and disgusting. In several cases I began the administration of arsenauro in five drop doses, increasing daily until the patient reached ten drops, three times daily, continuing this dose for at least eight weeks. It has been interesting to note the excellent general apparance of these individuals after about two weeks of treatment. They were full blooded, hearty and buoyant, differing so markedly from their appearance when they presented themselves—an appearance so familiar, so unmistakable to medical men. I think without doubt that arsenauro is the most pronounced aphrodisiac I have ever seen, producing this effect in both sexes. Thus after noting the effect, I was led to extend its use in my private practice.

The nervous debility so marked in the sexual neurasthenic is positively controlled by arsenauro. As for mercauro, I am in a position to attest its great value in cases requiring tonic mercurial treatment. I refer to those instances where, in the initial lesion, we give either the protiodide of mercury or inunctions of the ointment. Our patients often rebel at a continuation of this treatment. It is here that I put the patient on mercauro, beginning wih five drop doses and increasing a drop a

day until evidences of arsenical intolerance are established. Look for puffiness under the lids which may appear when arriving at eight, ten, fifteen or twenty drops, three times daily, or the intolerance of the gold may be presented—i. e., frontal headache, a tendency to vertigo, and increased saliva. When any of these symptoms are present, decrease the dose until they disappear, then resume and persist in the treatment—say for at least six weeks without omission. I find these patients who are run down, as it were, under so-called tonic mercurial treatment, rapidly build up and show such an improvement that I continue them right along with mercauro and apparently abort the later specific lesions—i. e., locomotor-ataxia, hemiplegia, etc. In mild forms of syphilis, with little or no glandular involvement, and in mixed sores, I immediately resort to mercauro, and I have never seen its equal as a remedial agent in syphilis. It is pre-eminently a new therapeutic agent, the physiological effect being subjudice. In latent lesions it is positively the best remedy. By abundant experience I am settled in my conviction as to its value, and more particularly so, when the iodides are not tolerated. We meet many cases that present an idiosyncrasy, either with little or much of the iodide of potash. In these cases, I give mercauro at once, and I am satisfied that my colleagues will agree with me as to its value.

Squamous, ulcerative and tubercular syphilides, hyperplasia and chronic mucous ulcerations are the special indications for mercauro. In lesions of the skin, such as a tendency to eczema where syphilis coexists, this is a most powerful antidote therapeutically. In chronic catarrhal cystitis, as the result of prostatic hyperplasia, arsenauro is a very valuable remedy. I have seen cases which have existed for years where the bladder would only contract sufficiently to expel a portion of the urine, leaving a residue to undergo ammoniacal decomposition, become absolutely well under the use of this combination. Seemingly it stimulate the viscus to contact, and I have noted the same result in the hypertrophied prostrate of the aged, where atony of the bladder existed. It has been remarkable to note the vigor this solution gives to the organ. Of course mercauro must be given preference where a history of specific disease exists, or is suspected. I feel under obligations to those of my colleagues who attracted my attention to these products, and I hope that some one among my hearers at the Polyclinic will in time work out their physiological effect. They are certainly valuable curative agents and deserve a careful trial. As illustrative, I mention an interesting case. Mr. R. J., age thirty-two, widower, sent to me by Dr. L. to be examined for diabetes. He had at times, as the doctor informed me, shown traces of sugar in his urine. The patient was told by Dr. L. and other physicians in New York that his malady was diabetes—the result being that he came to me in a state of extreme mental perturbation, almost verging on nervous prostration.

Examination of urine revealed ¼ to ½ of one per cent. of

sugar, high specific gravity and hyperacidity. His family history was good, both parents alive and brothers and sisters healthy. He complained of violent headache, loss of sleep, in fact, he was in a profoundly anemic condition, and suffered from neuralgias in his arm, shoulders and lower extremities. Examination revealed hyperesthesia of the skin, tenderness along the lumbar spine, and last but not least, a well-marked specific macular eruption. Recently coitus was denied absolutely. Upon examining the throat mucous patches were discovered on the soft palate and a well-defined chancerous sore on the right tonsil.

The cervical glands were markedly enlarged. I made the diagnosis of syphilis, as the case was clearly this, and the subsequent treatment proved it beyond any doubt.

The patient was placed on a full diet, allowed some claret as he was sorely in need of a general tonic, and mercauro prescribed in ten drop doses three times daily, increasing one drop every other day until he was taking twenty drops three times daily, which was his physiological limit. His general condition began to improve in a very short time—sugar disappeared entirely, the eruption and sores improved, headache and nervousness left him, and he gained in flesh and strength. Here, then, was a typical case of syphilis benefited by mercauro, the case being one in which the use of other well known mercurials could not have brought about such a result. I mention this case to show the good effect this mercurial tonic will produce, especially in syphilitic anemias.

1309 Madison Ave., New York City.

SUPPLIED BLOOD IN EXTREMIS.

Cases by Dr. W. H. Parsons, Omaha, Nebraska.

I.

MISS B., age 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9th, 1891. Laparotomy for ovarian cyst was performed on June 12th. She was anæmic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold water were rejected. The temperature and other grave symptoms indicated sepsis. On June 18th, the date of my first visit to the hospital, the patient's life was despaired of, and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results,

beef tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live 48 hours. Bovinine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100 degrees F., were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was bovinine every three hours day and night, and by this process of nutrition alone, the vitality of the patient was restored, so that at the end of that period she sat up in bed and, for the first time since the operation, expressed a wish for food. On July 3d, this moribund girl was pronounced convalescent.

II.

In St. Louis, a lady had pricked her thumb with some poisonous produce, and blood poisoning in its most virulent form supervened, and in spite of the best efforts of several leading surgeons, the case came to a point where amputation at the shoulder seemed the only alternative. The hand and arm were swollen to their fullest capacity, and honey-combed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been thoroughly cleansed, with pure bovinine; the ulcers being packed with soft lint saturated with the same, and the entire arm and hand dressed with it. In thirty hours a change was manifest, and in sixty hours healthy granulations began to appear, diseased tissue to slough out, and in twelve days her hand and arm were as good as new.

IN GASTRIC AND INTESTINAL DISORDERS.

By JOHN AULDE, M. D., Philadelphia, Pa.

A PERIOD of nearly twelve years has elapsed since I first began the clinical use of hydrogen dioxide, generally referred to at that time as the peroxide of hydrogen. In 1887 I published a paper giving a detailed account of several cases in which it had been employed by inhalation, but even then I was thirty years behind the report of Dr. (now Sir) Benjamin Ward Richardson, of London, who had made a thorough investigation of its antiseptic, detergent, and healing properties. Notwithstanding the fact that this preparation had been known to the medical profession for that length of time it had achieved little or no reputation. This, however, may be explained by the fact that the discovery preceded the dawn of bacteriology. Indeed, I was one of the early contributors to medical literature relating to the clinical value of this product, and since that time I have published a number of articles, embracing practically every applica-

tion, both medical and surgical, to which hydrogen dioxide is adapted.

In the present communication it is my object to direct the attention of the profession to its special value in the treatment of gastric and intestinal disorders. In gastritis, for example, there is no antiseptic which can be given with so much benefit as this remedy, because its effect is immediate, and even in considerable doses it is absolutely harmless. The same is true in regard to its employment in typhoid fever, cholera infantum, and Asiatic cholera. In the latter disease its efficacy has been thoroughly demonstrated by a number of well-known physicians and its applicability in cholera infantum is well known to those physicians who have given careful attention to the most modern methods in the treatment of this class of cases.

The following brief notes will be sufficient to indicate the availability of this remedy in the treatment of the disorders already mentioned, although in view of the fact that hydrozone is a more concentrated product, and withal a permanent solution, this latter remedy should have the preference. It contains at least double the volume of nascent oxygen which has heretofore been the standard for the medicinal peroxide of hydrogen.

In gastritis, either acute, subacute, or chronic, we have to deal with an unhealthy condition of the lining membrane of the stomach. The inflammation is attended with an increased output of mucous, which seriously interferes with the normal functions of the peptic glands. By the introduction of a small quantity of hydrozone, in the strength of one part to thirty-two parts of boiled or sterilized water, this objectionable mucus is at once destroyed by the action of the oxygen which is released, and the contents of the stomach remaining are promptly discharged into the small intestine. A patient suffering from gastritis should take at least half an hour before meals from two to four ounces of diluted hydrozone (one to thirty-two) and lie on the right side so as to facilitate the action of the stomach in discharging its contents*. The antiseptic properties of hydrozone thus used are sufficient to destroy the micro-organisms and leave the stomach in a healthy condition for the absorption of nutritive pabulum. All forms of fermentation are promptly subdued by the active oxidation resulting from the liberation of nascent oxygen. The patient is then in a condition to take suitable food, which should be nutritious and easily digested, liquids being preferred until the active symptoms have subsided. Later, small portions of solid food can be ingested, but all food stuffs of a starchy character must be thoroughly masticated, in order to secure the action of the salivary secretion upon the starch granules, breaking them up, and lessening the tendency to fermentation in the stomach. After taking a meal, a patient with gastritis should follow it with medicinal doses of glycozone, which contain, in addition to the nascent oxygen contained in hydrozone, a percentage of glycerin which favors osmosis and assists in re-establishing the functional activity of both the peptic and mucous glands of the organ.

In the treatment of cholera infantum, typhoid fever and Asiatic cholera, the same general plan should be adopted in dealing with the stomach, always bearing in mind the necessity for having the patient remain in the recumbent position and on the right side for at least half an hour after the ingestion of the solution. In addition, however, to the preliminary treatment of the stomach, the same solution (one to thirty-two) is used as an injection into the lower bowel, care being exercised to insure its introduction as high up as possible. This can be managed by having the patient lie on the left side, with the hips well elevated, and the employment of a long, flexible rectal tube. In this manner we secure and maintain an antiseptic condition in both the stomach and large intestine, the importance of which will be understood when we consider the large number of micro-organisms which grow under these favorable conditions with such remarkable rapidity.

When deemed advisable, the solution introduced into the lower bowel may be combined with large quantities of either hot or cold water, which enables us to obtain the benefits of irrigation in addition to the antiseptic effects. These irrigations may be employed as frequently as deemed advisable by the medical attendant, but they will usually prove satisfactory if administered at intervals of four hours.

Although brief, it is believed this communication will prove serviceable to a large number of practitioners who have hitherto found serious difficulties in counteracting the mephitic influences of bacteria in this class of disorders, and the clinical virtues of the remedy being now so fully recognized, no one will hesitate to adopt the methods suggested, which may be conveniently carried out in addition to the usual routine treatment.

*In chronic cases with a large output of gastric mucus, and particularly in gastric ulcer, concentrated solutions are not well borne at first, owing to the formation of oxygen gas, but this difficulty disappears with the continued use of the remedy, and no treatment of gastric ulcer can be regarded as complete without the local employment of hydrozone.

THE THERAPEUTIC ACTION OF ORPHOL.

INTESTINAL ulcerations, occasioned by the breaking down of cheesily degenerated follicles, are of not infrequent occurrence during the progress of pulmonary tuberculosis, and, as is well known, are found most often in the ileum. Thence the disease spreads to the colon and even to the vermiform appendix. The number of the follicles affected varies in different cases, sometimes the gut is fairly sown with them over a large extent of its surface, and sometimes the malady is limited to a small region. When the cheesy central mass softens and is extruded a follicular ulcer is formed, whose tubercular nature is shown by the presence of granulating connective tissue containing miliary

tubercles in its neighborhood. The central necrosis progresses, and the ulcer extends, whilst connective tissue, new growth and tubercle formation advances at the margins, and thus the follicular lesions soon develop into tubercular ulcers. Especially noticeable among the symptoms that they cause is the obstinate and violent diarrhœa, more especially when the ulcers are situated in the rectum or lower colon. Irritation of the intestines of any kind almost always cause increased frequency of defecation.

The thinness of these stools is accounted for, according to Nothnagel (Zur Klinik der Darmkrankheiten, 1881), partly by the pathological secretion from the ulcerated surfaces, and partly by the lessened power of resorption of the diseased intestinal wall, in consequence of which the feces are less solid than usual. When in the course of a consumption there appears an obstinate diarrhœa, perhaps mixed with blood and accompanied by collicky pains, it is extremely probable that intestinal ulceration is present. If peritonitis symptoms appear, then the ulcerations are approaching the serous membranes, or they have already perforated the wall of the gut.

Our attempts to influence the diarrhœa of consumptives by intestinal antisepsis have lately been given a rational basis by Chaumier of Tours, who has called renewed attention to the importance of these therapeutic measures. Daily experience teaches us that astringents, like opium and tannin, have no healing influence on tubercular intestinal ulcerations. What is required is a reliable intestinal antiseptic that shall have at the same time astringent properties; thus lesening the evil effects of the micro-organisms and their products, and making the mucous membrane a bad culture ground for them. The lessening of the secretion also reduces to a minimum the nutrient materials obtainable by the microbes. Orphol or Betanaphtol-Bismuth is such a drug. It is a light-brown powder, prepared by the chemical factory of Von-Heyden at Radebeul, and, though composed of oxide of bismuth and naphtol, has neither the repulsive smell nor the burning taste of the latter drug. It has an agreeable, faintly aromatic taste and smell and contains 20 per cent. of betanaphtol and 80 per cent. of bismuth oxide. It thus combines an active antiseptic with a powerful astringent agent. And since in most cases of chronic intestinal catarrh abnormal fermentation and decomposition plays a great part, the disinfection of the alimentary canal is an important therapeutic indication. The flatus and distension of the abdomen, the collicky pains, the abnormal abdominal sensations, all these symptoms are due to the activity of the micro-organisms in the intestine. I had occasion som time ago to try Orphol in a series of cases of lung disease that suffered from chronic intestinal catarrh. The result was an entirely good one. The stools became formed and regular, and the troublesome symptoms above mentioned disappeared. I select the following case from the series:

A phthisical patient 52 pears old had complained for some

time of flatus, abdominal pains, and persistent diarrhœa. The number of thin stools varied from 4 to 10 daily, with occasional attacks of colic. Although the patient had remained in bed for weeks, and had taken opiates, the troublesome diarrhœa persisted. He was emaciated and anæmic, and the meteorism was marked, though there was no especial sensitiveness to pressure. The stools were almost watery, dirty-brown in color, foul of odor, and were plentifully mixed with mucous, with occasional streaks of blood. I was evidently dealing with chronic enteritis and ulceration of the intestinal mucosa. I put him on a bland diet, and gave him 1.0 gm. (15 grains) of Orphol after eating, and this was repeated every two hours; he took 5 gm. (75 grains) daily. The result was a favorable one, the borborigmi eructations and pain were relieved, and three days later constipation set in. The appetite, formerly very bad, improved, and the patient began to gain in weight. Later his bowels moved once a day and the stools were of the consistency of thick gruel.

Orphol influences the mucous membrane of the digestive tract in two ways. In the first place, it is a disinfectant, hindering the development of the bacteria. It is also an astringent to the mucosa, in virtue of the bismuth that it contains. It is worthy of notice, also, that Orphol does not, like opium and tannin, in any way interfere with the stomach, so that even patients suffering with dyspepsia bear it very well. To Chaumier is due our first knowledge of its antiseptic and astringent properties comp. E. Chaumier, de l'emploi de l'Orphol dans l'antisepsie intestinale, Tours, 1896); and he explained the theory of its pharmacodynamic action. He showed that Beta-naphtol-Bismuth was decomposed in the intestinal canal into naphtol and bismuth, the first being antiseptic and the last astringent. A small portion of the naphtol is excreted in the urine, the rest passes out with the feces.

The new intestinal antiseptic is worthy of the attention of the practitioner.

An Acrostic—La Grippe.

A-ll the nerves gone on a bender,
N-ot an organ is exempt;
T-eeth and scalp and muscles tender,
I-cy chills the bones pre-empt;
K-aleidoscopic are the symptoms legion,
A-s they over-run the system,
M-aking life a weary region,
N-o one able to resist them.
I-s there nothing that will cure?
A-ntikamnia will, I'm sure!

The Woman's Medical Journal.

VOL. VI. JULY, 1897. No. 7.

THE ELECTRICAL TREATMENT OF PELVIC DISEASES.

Louise C. Drouillard, M. D., Memphis, Tenn.

ABOUT ten thousand physicians within the borders of the United States make use of electricity as a therapeutic agent. Many others find occasional use for it—the surgeon, rhinologist, dentist and the gynecologist. The more familiar we become with the manifestations of electricity, the more do we recognize its adaptation to the requirements of disordered physiological conditions. So wide is the range of adaptability of electricity to the treatment of disease that it must become the common property of every physician, no matter if his work be general or special in its nature.

For the successful *modus operandi*, it is necessary for the physician to be supplied with a battery that will give a current of three hundred milliamperes; this may be a portable or a cabinet battery. A milliampere meter for the use of this instrument is absolutely essential to successful practice; what the delicately-balanced scales are to the druggist, the milliampere meter is to the electrician. While the neurologist may need one with more exact reading, from one to ten, enabling him even to distinguish one-quarter or one-half of a milliampere, the gynecologist must have wider scope, his reading from ten to one hundred and fifty milliamperes.

The electrodes are the most simple of all accessories, and on account of their simplicity are as important as the battery. The dispensing electrode should be made of a metal disk or of a flexible sheet of lead or tin, covered with a layer of punk or absorbent cotton; some operators use a towel. The size of this electrode should be governed by the strength of the current used; for, with the stronger currents, the larger the dispensing electrode the less the pain. The electrode should be wet in hot water before it is placed over

the abdomen or back, being covered with a towel to protect the clothes of the patient. The shape of the electrode used with the active pole varies, depending on its mode of application. The electrode is made of zinc, copper and platinum. It is best to have a heavy, fine, pliable uterine probe insolated up to within three inches of its end by a glass or rubber tube, and a set of graduated carbon metallic bulb electrodes, with olive-shaped tips, for dilating. These electrodes can be used with the faradic battery. The active electrode, if attached to the negative pole, causes absorption of morbid tissues, and if to the positive, has a cauterizing effect, depending on the strength of the current; it coagulates the fluids, and also has a sedative effect.

The chief interest in electro-therapeutics has therefore centered about the galvanic and faradic currents, although the value of the static current in cases adapted to its use is unquestioned. Within a few years much interest has been developed in a newly-described form of an electric current, termed sinusoidal by d'Arsonvale, by reason of the regular sinusoidal form of the curve produced by the current when graphically represented. This current is obtained from a magneto-electrical apparatus.

In this paper I wish to speak especially of the use of electricity in the treatment of uterine and other pelvic diseases. The following is a list of the diseases that especially are benefited by this mode of treatment: Fibroid tumors, metritis, endometritis, menorrhagia, metrorrhagia, displacements with adhesions, diseases of the uterine appendages, pelvic exudates, etc. Metritis with displacement, and flexions of the uterus from shortening of one or more ligaments, or from adhesions due to pelvic peritonitis, are often amendable to electricity applied by the vaginal method, particulatly if iodine in Lugol's solution or potassium iodide is also used by cataphoresis. If the cataphon method is employed, the positive pole is essential within the vagina, the electrode being covered with absorbent cotton and saturated with the solution and applied to the tissue. If no medicant is used, the negative electrode is preferred, being more absorbent in its action. The indifferent pole is moistened and applied over the abdomen; a current of from forty to sixty milliamperes is used for from six to ten minutes. Cellulitic deposits disappear rapidly under this method, less organized

adhesions give way, and the uterus that has been firmly fixed for years may show marked mobility in a few weeks.

ILLUSTRATIVE CASE.

Mrs. M., aged 38, multipara, school teacher, came to me in April, 1894, suffering with dysmenorrhœa and a profuse leucorrhœa of several years' duration. On examination found an anteflexion bound down with adhesions, so that the fundus almost touched the cervix; the pelvic vault was filled with a hard exudate; there were metritis, endometritis and erosion. On the first day of her periods she would be confined to bed, or have to take some strong medicine to relieve the pain. At first I was only able to introduce the tip of the electrode into the uterus, using the negative pole as the active electrode, except just before or after menstruation. I gave the patient thirty treatments, extending over a period of three months, and then dismissed her well, and she has remained so. Menstruation is now without pain.

POST-PUERPERAL METRITIS,

Subinvolution, and arrested involution of the post-parturient uterus, whether due to intra- or non-traumatic or traumatic infection, are more successfully and quickly treated by electricity than by any other means at our disposal. When the natural process is sluggish by reason of a diminished rate of shrinkage in muscular fibers, a few applications of the faradic current from the primary coil will stimulate the flagging muscular tissue to develop its normal tone. Sanguinous discharges continuing beyond the normal period may be controlled by a few such applications. If shreds of retained decidua, morbid condition of the endometrium, larceration or other traumatic accidents be the determining cause, the galvanic current is indicated. If the hemorrhagic feature predominates, use a current of from forty to sixty milliamperes from the positive pole. For aseptic conditions of the uterus, the positive pole is the most satisfactory. At the end of the fourth or fifth week I have my patients come to my office, and if I find that involution is not progressing as rapidly as it should, I give a few treatments, and in this way leave my patient in a perfectly healthy and normal condition.

CATARRHAL METRITIS.

It is this disease that is the bane of all gynecologists. The trouble begins as an endocervicitis, or general endome-

tritis, as a result of septic invasion from gonorrhœa or other microbic agencies under the developmental cold. The patient is first only conscious of a leucorrhœa, which becomes more abundant and irritating to the vagina and vulva. The subsequent stages and effects of this catarrhal endometritis are natural consequences accompanying the hypertrophy of the endometrium into fungoid cryptose conditions. We have a direct stimulation of the connective tissue cells of the parenchyma; coincidently or at a later period an extension upward along the mucous tract occurs, and salpingitis or ovaritis, or both, add their burden to the suffering woman. When there is a profuse leucorrhœa, use the positive pole with a zinc or copper electrode. After using a current of thirty or forty milliamperes for six or eight minutes, use the negative pole for a minute of ten or fifteen milliamperes, and then you can remove the electrode without trouble.

It may be said that the galvanic current is indicated for the cure of all chronic discharges from the uterus, and that properly applied it is by far the best mode of treatment. When the discharge is hemorrhagic, either intermenstrual or menorrhagic, the current has but one rival at present—curettage. As compared with curettage in this condition, electricity has the double advantage of greater certainty of action and freedom from risk. Granular exfoliations or polypoid growths respond with equal certainty; and even when the debris or polypi are too volumious to be capable of removal by galvanic drainage and necessitate curettage, the use of the current subsequently is of value to prevent the return of the trouble. The positive pole of the galvanic current is always indicated, using from forty to eighty milliamperes for six to eight minutes.

FIBROID TUMORS.

The etiology of fibroid process within the uterine parenchyma is still obscure, but enough is known of fibrosis in general to show that it is a hypertrophy of the normal connective tissue elements—or, in case of myoma, of the uterine parenchyma itself—according to the classification laid down by Loomis in his discussion of fibroid processes at the Congress of American Physicians and Surgeons in Washington in 1891. These processes are somewhat distinct from those found in ordinary inflammations, though allied to them, and

are dependent on a perversion of the nutritive supply to the tissues of the organ, rendering them insufficient to maintain the higher elements—the connective tissue cells—which maintain a lower nutrition, going on to hyperplasia. Accepting this definition, the disease is essentially an affection of the local trophic processes.

We have three branches of uterine fibroids—interstitial, submucous and subperitoneal. The therapeutic indications are to stiulate the flagging trophic nerves, to promote absorption of the hyperplastic but lowly organized material. Negative galvanic application to the uterine cavity is usually efficient in causing material reduction in bulk and arresting degenerative process.

Before studying the operative treatment of fibroid tumors I shall recall and insist upon this important point, so often neglected or forgotten, that we must not ask or expect from the electrical treatment that which it does not or cannot accomplish; for example, to cause the disappearance of very large tumors, or to ameliorate or definitely cure in a few days symptomatic conditions which have existed for years and which have resisted a variety of medication. The method does not perform miracles, and we ought not to be more exacting than the patients who consider themselves cured, although they still have the tumor, when the symptomatic state has disappeared for which they sought treatment and which caused them so much suffering.

The positive pole is indicated in fibroids accompanied by hemorrhage and pain, and in those complicated with simple or specific endometritis, or a chronic, nonsuppurative periuterine affection. The long continued employment of the positive pole is followed by contraction of the uterine cavity, principally the cervical canal. It prevents no impediment to the menstrual flow, nor does it prevent conception. Where there is a nonhemorrhagic condition and painful but not abundant menstruation, then the negative pole is indicated. Well authenticated cases of the total disappearance of fibromyoids are no longer rare in the annals of science. It has been observed several times at the clinics of Dr. Apostoli, (1), that a diminution in volume is noticed frequently, but not constantly, and in very variable extent; (2) the total disappearance, though rare, is sometime observed; (3) the arrest of development is the rule.

ILLUSTRATIVE CASES.

Mrs. B., aged 42, suffering from general pelvic tenderness, scanty menstruation, uterus retroverted with a subperitoneal fibroid tumor situated in the posterior wall. Began treatment in August, 1895, giving three treatments a week, using the negative pole, and continued the treatment for six weeks. She then went home, coming back so as to have two treatments a week for three months longer. The tumor at this time had disappeared, uterus in normal position, menstruation freer, and could walk several miles witnout discomfort.

Mrs. G., aged 38, mother of three children; had had suppression for ten years, the flow lasting one day. On examination found the uterus seven inches deep and a small interstitial tumor in the aneterior wall. Used the negative electrode for six or eight months, the tumor then being expelled, and continued the treatment several months longer. The uterus is now of normal size and in position.

CONTRAINDICATIONS.

Tumors that have undergone cystic or purulent degeneration, that are surrounded by a purulent process, or that are removed from direct treatment by a subperitoneal situation, should not be treated by electricity.

SOME OBSERVATIONS UPON THE TRAINING OF THE MENTALLY-DEFICIENT EPILEPTIC CHILD.

By Elizabeth D. Holt, Craig Colony, Sonyea, N. Y.

THE method employed in teaching mentally-deficient epileptic children must necessarily be entirely different from those used for ordinary or normal school children. The kindergarten method has much in it which renders it the proper kind of instruction, but even that method is not entirely satisfactory.

The method in great part should be object teaching. The teachers should take them walking; they should show them

the birds, they should have them learn the notes, and the different plumage, nest making, color and size of eggs, etc. In the flower garden they should have them study certain flowers from seed time to harvest. The out-of-door lessons should be followed by blackboard reviews, using colored crayons. Even Nature's pictures fail to make sufficient impression upon their morbid mentality. It is seldom found that two of these children can be taught the some way. The method should be elastic and of sufficient adaptability to suit the needs of each particular pupil.

Teachers of this class should receive special instruction in psychology, and the operations of the mind under various conditions of enviorment, and be encouraged to read all the reliable literature on mentally-deficient children. Manual training schools are the proper method of instruction. The hands should be occupied in such a manner as to make the mind work by means of motor impulses received from without and not within, as is so often the case in normal children.

Ribot says, in his "Psychology of Attention," that "the mechanism of attention is essentially motor, and that concentration of consciousness and movement go together." This shows the great necessity that mentally-deficient epileptic children possessing vague, inco-ordinate movements should be trained to school these movements to a useful purpose. By means of this training their mentality will be materially strengthened. What is the benefit obtained in teaching the majority of mentally-deficient epileptic children to solve difficult mathematical problems, to read and to write difficult and complex sentences? Those who are artistic should be developed in that line entirely, those who are musical in that particular branch, thus much wasted time and feeble effort could be concentrated to a definite purpose.

For instance, I have in mind a thirteen year old boy who has decided talent in drawing. His teacher reports he is difficult of control in school, and that it seems impossible for him to concentrate his attention long enough to accomplish the slightest result. He is perfectedly happy when drawing and will sit by the hour patiently working with his pencil. Although this lack of the faculty is such that he cannot study the prescribed lessons, yet he observes carefully what he thinks he woald like to put on paper. Here is presented an opportunity of making from what is now an apparent nonentity a person of some use in the world. to say nothing of the great happiness that would be his under such a disciplinary training.

We shall take another illustration. This girl has no decided talent or taste, but an overwhelming desire to be able to write letters home and read those sent her. She should be taught reading and writing, and thus make desire augment incompetency. Another child can only learn word in rhyme set to music, and is irritable if not allowed to sing her favorite verses, but when learning a new or singing an old song she is very happy.

It may seem almost improbable to many readers that there is a large class of epileptic children who, by the wilful carelessness of parents or guardians, have been deprived of all education because of their infirmity. Often the parents are hard-working people and have not the time to teach the epileptic child at home; too often they find it too much trouble, and feel that any effort or money directed toward teaching them is an unnecessary waste of both. In many cases they send them to the almshouse and cast them off entirely from all considerate kindness and care.

Such epileptic children are admitted to Craig Colony, and demand so much done for them that only the colony system can adequately satisfy. The colony idea is to put them immediately under right training, give them constant employment in congenial lines of work, with slight changes of occupation, regular and wholesome diet, early hours, cheerful and healthful influences. They are made to recognize the fact that they are important factors in home making, and that the colony is to all purposes their home. There are no patients who need such tactful care as epileptic children. The right words can very often avoid a quarrel, and there is needed in this more than any other charity, a rightly directed broad-minded sympathy, as far as possible removed from all emotionalism.

Epileptic children are very sensitive to a word or look, and morbidly suspicious. They learn application very slowly; their tendency is to grasp ideas very superficially, both mentally and morally. It is only by persistent effort and tireless reiteration along right lines that any permanent superstructure can be erected among such a chaos of morbid mental impulses.

One of the greatest difficulties encountered in caring for the mentally-deficient child is in making him realize the necessity of constant employment. Even after they have been taught to work fairly well they still need supervision and constant care.

As the tendency of the present age is want of concentration of energy and ideas, so necessarily must these people of weak and inco-ordinate mental activity be compelled to apply their deficient energies all in one direction, or remain forever an encumbrance to their friends and relatives.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor Women's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy is sent, as to number desired. Seventy-five will be furnished gratis to those desiring them.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager

WOMEN AT THE BAR OF JUDGMENT.

WOMEN in all ages and in all times have taken a more active part in hindering the world's progress than men. They have always acted as a brake to progress. They always cling to the past and all that it stands for, with great tenacity. Through the whole past history of the world we find them on the wrong side of every question. Of course there are a few honorable exceptions to this rule. Occasionally a woman can be found who takes a leading place in working for the advancement of the race, but such are the exception and not the rule. Left to themselves, and there are not very many of them that can be relied upon to go right on any great question. Their instinctive tendencies are static or retrogressive. It is, then, not surprising to learn that the moving and directing power of antivivisection is found in women. The Illinois Antivivisection Society on June 4 held its annual meeting at Aurora, and elected women to fill every office in the same, from president down to auditor of accounts.

This very interesting account we clip from our friend the American Medico-Surgical Bulletin. It is, we confess an appalling condition to face and to realize, that we are holding back the cogs that are to carry civilization forward, is indeed a heavy charge. "Woe is me. and I a woman." It must be an exhilerating emotion to feel that you are a man, and a promotor of all that is great and good, and to able to say that "women in all ages and at all times have taken a more active part in hindering the world's progress than have men." But perchance 'twere a greater thing to prove it.

It is not so many years ago that the whole world was doing homage to Isabella, the generous queen, who, when the men were indifferent to the claims of Columbus, pawned her jewels that the venture of crossing the Atlantic might be a success.

In days gone by, and not so far remote, the world was doing honor to Clara Barton, whom some one calls "the apostle of humanity," and today the world is singing paeons, loud paeons in honor of Queen Victoria, the woman ruler of the greatest empire of the ninteenth century, has ever known.

When we realize that it is not so many years since the higher education of women was permitted, when we consider that the woman is still living upon whom the first medical degree was conferred, when we grant that the intellectual development of women is still in embryo, then every honest man and every honest woman will say that she has done much to further the world's progress.

Looking back over the ages, we see women's faces peering forth as beacons in the progress of the world. Down in misty past past we see Esther, the saviour of her people, we see Cleopatra, the Egyptian Queen, who led the strong Anthony astray. We see the faces of Isabella, of Elizabeth, of Joan of Arc, of Catherine of Russia, of Mary Wortley Montague, of Mme. de Maintenon, of Mme. de Stael, of Queen Victoria, and coming to our own land of Dolly Madison, whose presence of mind saved the Declaration of Independence, of Harriet Beecher Stowe, whose words set the nation aflame, of Lucy Stone, whose sentence "Make the world better" is an inspiration to those of us who come after her.

Were these women hindrances in the path of progress? Is Mary Putnam Jacobi, and her sisters in the profession hindrances? Nay, time along will mark the hindrance, and by that verdict women, as well as men, will be judged rightly and each set in preper place. When the curtains of prejudice, of pride and of selfishness are drawn, and the white light of

truth and of verity shall shine on our deeds, then shall women be shown in the glory of her efforts, of her faith and of her rightousness.

ENTERIC FEVER OF THE WARMER MONTHS.

THIS is a disease which carries off so many children during the summer season, especially in the larger cities is it particularly fatal where the sanitary surroundings are unfaverable. The temperature must be above 60° Farenheit to bring about this form of fever. It is due to the action of poisons generated within the intestinal canal by the growth and multiplication of bacteria. Each individual case will depend upon the form and quantity of bacterial invasion. The fatality varying, of course, according to the germ and the method or methods employed in counteracting its influence upon the system.

Dr. Booker after having exhaustively studied the bacteria of the intestinal canal, discovered no less than eighty different species. These were found in the different forms of Enteric fever and as far as was investicated the toxic power of these germs varied very greatly. This variation in toxic properties is not conclusive because it could not positively be determined as the toxic properities of the germ is always determined by its age, the length of time it has been in the intestinal canal etc. Though, as Dr. Booker says, some of these germs were undoubtedly inert and under no circumstances would produce injurious effects. Yet a great portion of them undoubtedly produced many lesions were capable of producing fatal termination.

We would especially urge upon our conferes throughout the country an intelligent, concerted action in the treatment and prevention of this trouble. In the first place we would suggest absolute cleanliness and sterilization of all food or foods taken into the stomach. Here the great question of

sterilization of foods becomes of paramount importance, and too much time and attention cannot be devoted to the subject. Next of importance, cleanliness of the patient and her surroundings should be looked after minutely. Thirdly, the temperature of the room should be lowered by every possible means, and the temperature of the patient must be lowered by cold sacks, cold baths, etc.

The medicinal treatment will resolve itself into emptying the intestinal canal, antiseptics and absolute rest for the prima via. With these few rules faithfully and intelligently followed, we feel satisfied that a great majority of intestinal and diarrhœal fevers of summer origin will lose most of their terror and the mortality will be very greatly modified.

SURGERY.

MARIE J. MERGLER, M. D., CHICAGO, EDITOR.

At the graduating exercises of the Northwestern University, held in Chicago, June 17, a class of thirty-five women received the degree of the doctor of medicine from The Woman's Medical College. Out of this number seventeen received hospital appointments.

The Danforth prize for a scientific essay was awarded to Miss Viola Ladoff, member of the junior class.

The Woman's Medical College held its Seventeenth Annual Alumnae Association meeting at the College building, No. 339 South Lincoln street. Business meeting at 10 A. M. during which a sepia portrait of the late Prof. C. W. Earle, was presented to the Association for the Earle library. Luncheon was served at one o'clock.

CONTINUED INCREASE OF CANCER.

In 1840, cancer caused 2,786 deaths—that is, one in 5,648 of the total population and 1 in 129 of the total mortality.

In 1894, 21,422 deaths in the proportion of one in 1,403 of the total population or one in 23 of the total mortality.

W. Roger Williams (in British Medical Journal) concludes that this immense increase of cancer is due largely to the decided changes of environment which results from the transition from the agricultural to industrial mode of life. The latter acting injuriously on the health including certain degenerative changes. He believed that defective cellular metalbolism was at the bottom of these changes, causing favorable conditions for tuberculosis, cancer and insanity.

M. de Castel recommends as a treatment for facial epthelioma, Methylene violet.

Pean reports among twelve cases of Pylorectomy for carcinoma of the stomach four deaths—or 33 per cent. He considers the operation indicated only in the young patients where the disease is not far advanced.

In extensive cases he advises against direct communion of the wound in the stomach with the duodenum; instead of that, he sutures the wound and implants it with a Murphy button to some other part of the intestine.

Leoyen operated fifty-five times in cases of the carcinoma of the stomach. He resorts to the gastroenterostomy of the posterior wall of the stomach. Murphy buttons sometimes unfavorable; he thinks never desirable.

Kocher report in twenty-four cases of Pylorus re-section only four deaths. In three of his cases, from two to eight years have passed without recurrence.

MISS GERTRUDE PEARSON JACKSON carried off the highest honors at the annual commencement exercises of the College of Physicians and Surgeons in Boston the 16th inst. She was the only woman in the class of 1897. It numbers ten, all of whom were candidates for the degree of doctor of medicine. But because Miss Jackson lacks a few months of twenty-one, the required age, the degree of Doctor of Medicine could not be conferred. It will be presented to her later. The exercises took place in the presence of about 200 admiring friends and students. The members of the faculty occupied seats on the platform. There were numerous bouquets of flowers within the hall. Miss Jackson received three prizes in succession. The first was for the highest rank in the course, the second for excellence in obstetrics, and the third for excellence in the special course in medical chemistry. She received the warm applause of the audience.

PEDIATRICS.

EDITH A. H. FYFFE, M. D., CHICAGO. EDITOR.

A CASE OF PURPURA IN A CHILD FOURTEEN MONTHS OLD.

The child was brought for what the mother called "black and blue spots." On examination there were found a number of spots varying in size from a small petechea to an echymosis as large as a silver dollar.

The baby was small and badly nourished and had a severe case of talipes.

There were only four teeth and occasionally the mucus membrane of the mouth would bleed. There was no temperature, though the mother said the child sometimes had fever at night. The was no history of any acute disease, the heart sounds were normal though feeble. The bowels were sometimes loose, sometimes constipated. The child was weaned at nine months and was eating "most anything."

The treatment considered first in change of diet: some oatmeal and milk or bread and milk for breakfast; some broth with rice or cracker crumbs, or a lightly boiled fresh egg with bread and milk, and bread and rice for supper. The child was ordered either the juice of an orange or stewed prune juice every day. In between meals a glass of milk was given. The medicine consisted of the syrup of the Iodide of Iron, five drops three times a day, and at the end of a week that was changed to the syrup of hypophosphites with iron. A saturated solution of borac acid was used to wash the mouth. The child is improving; there are no new spots and the old ones are fading gradually.

Archives of Pediatrics for May has three editorials on the giving of opium to children. This is especially well timed for with the warm weather we have all the summer complaints of babies, from a simple diarrhœa to Cholera Infantum. The average mother of the poorer classes generally

goes to the drug store before sending for a doctor and buys some diarrhœa mixture and gives it indiscriminately. Most of these concoctions have paragoric for a basis.

Dr. Miller says "Opium arrests the intestinal movements and prevents the elimination of these toxic materials and may give rise to grave symptoms of intoxication and sepsis." The editorial goes on to state the indications and contraindications for it use "opium being contraindicated 1st, in the first stages of acute diarrhœa before the intestinal canal has been freed from decomposing matter. 2nd, When the passages are frequent and of bad ordor' 3rd. When there is high temperature or cerebral symptoms are present. 4th, When its use is followed by elevation of temperature or the passages become more offensive.

It is indicated 1st, When the passages are frequent and with pain. 2nd, When the passages are large and watery. 3rd, In dysenteric diarrhœa together with castor oil or a saline. 4th, In late stages with small frequent nagging passages. 5th, When the passages consist largely of undigested food and the bowels act as soon food is taken into the stomach." Even under these circumstances the opium should be given in very small doses and at long intervals.

An extremely interesting book from the standpoint of the pediatrician is the one on "The Feeding of Infants," by Edmund Cantley of London, England. The book is both scientific and practical. Dr. Cantley has had large experience on the subject, he having been the head physician of the Belgrave Hospital for Children for many years. The chapters on the physiological processes in lactation and the chemistry of dietetics are especially interesting. The various proprietary foods are thoronghly explained and their merits and demerits discussed. The Doctor is a strong advocate of modified milk, giving a number of way of preparation. They are all more or less modifications of Rotchs mixture. His diet talks for children from 12 months old to five years of age, are very valuable, especially as the recepes are given.

INFANT FOOD.

Joseph H. Lopez, M. D., * Philadelphia, Pa.

A NOTED wit once said that, "The children born of noble blood are those who have been happy in the selection of their parents." What a text could be found in the converse of this witticism, provided that the true import of a vigorous and healthy offspring could be properly appreciated!

In view of the many ailments incident to the frailty of infant life, and the multitudinous conditions that either retard or develop hereditary tendencies, the proper nutrition of the infant must claim first attention, yet not to the exclusion of other and doubtless important considerations. Nature has made ample provision for the propagation of the species, and through the violation of her laws, either through ignorance or accident, past or present is sure to be resented, she is ever ready to repair an injury or furnish a remedy if we will but heed her teachings.

The study of medicine is the study of nature. Science reveals treasures which nature has already adopted in our needs. The practice of medicine is the utilization of these science-revealed treasures for the remedying or the prevention of disease. Through the mother nourishment is supplied to the infant. When for some reason this supply is cut off, artificial feeding must be substituted.

Many have been the efforts made to supply an artificial food fully equal to mother's milk, one that under all circumstances will fully meet the demands of an infant deprived of the latter. It must be said that the perfect substitute is still to be found. Of the many such preparations that have from time to time been presented to the medical profession it may be said that all possess some merit, some more and some less. But at times in in specific instances, any may fail, or prove of little value if not positive harm. This is shown by the increasing prevalence of rickets and scurvy among artificially fed children. True, the cause of failure to develop properly

*Attending physician, Charity Hospital; medical director, St. Vincent's Home and Maternity Hospital; examining physician, St. John's Orphan Asylum.

often may be traced to pre-existing disease. Yet in all cases greater benefit would have been derived from a food having the essential constituents of mothers' milk, and in the proper proportion. From time immemorial cows' milk in some form or other has be used as a substitute for the mothers' milk, because best adapted and often most available. It is given pure, diluted, modified, sterilized, condensed, cold, boiled or in combination with other food products. And milk is still preferred by many, though with great diversity of opinion regarding the best method of administration. Each method has its special advantages and disadvantages so that the selection is always best left to the medical attendant.

Generally speaking pure milk from the cow is to be preferred in the rural districts where a sweet, fresh and uniform product is easily secured. In the civic districts, however, where milk coming from a long distance and subjected to much churning and change of temperature in transportation is the only product to be had, condensed milk, or one of the many artificial foods, either alone or in combination, is to be preferred to cows' milk because more stable and uniform.

The disadvantages of condensed milk arise from the excess of sugar and the deficiency of fats contained. These make it inadmissible for prolonged use by itself. When diluted six times, it has a nauseating sweetness, and is unsuitable for infant feeding. Yet in this strength the proportion of fats is slightly less than one-fourth that of mothers' milk, Diluted fourteen to sixteen times, as is the rule for infants during the first month, it contains a mere trace of fat.

Sterilized and malted milks also have special advantages, yet in common with most of the prepared foods they seem best adapted to meet temporary medications, rather than for prolonged feeding.

For nearly twenty years it has been my privilege to be associated with the St. Vincent Home, 18th and Wood street, and with the St. Vincent Home and Maternity Hospital, Woodland avenue and 70th street—orphan asylums sheltering from 300 to 400 children—where I have had the opportunity, under the most favorable auspices, of testing the merits of many of the infant foods now found in the markets. In such institutions are weak and cachectic children in environments that are fairly hygienic and with the best nursing. Up to the present time I have employed no artificial food that

has given better results in a large number of cases than Eskay's albumenized food. I have found it palatable, easily assimilated and very nutritious. It is well born and is well adapted to long terms of feeding. Infants fed exclusively with it develop symmetrically and are remarkably free from the alimentary disturbances characteristic of artificially fed children.

Encouraged by the success this food afforded me in these institutions I began its use in the clinics of the Charity Hospital, where my *clientele* averages from 20 to 60 infants per week. Here the results have been uniformly as good as those in the institutions.

In private practice I have found this food of great value for adults as well as children, in cases of great debility, mal-assimilations, gastric irritability and the like. In a case of extreme debility following gastric ulcer and passing of biliary calculi, where nourishment could be taken only by rectal enemata Eskay's food was easily borne. The patient took it exclusively for ten days, and rapidly gained in strength. At the end of this time she added milk and cream in increasing quantities. Though now able to take her usual mixed diet, she yet continues the use of the food, since she finds it palatable as well as nutritious.

In this case and in typoid fever convalescents, in fact all cases of general weakness and gastic irritability, I prefer to begin by administering the food prepared with water. In such cases the food when mixed as directed is too rich. As strength returns I prefer to add milk, or milk and cream, in increasing quantities to meet the indications. From the analysis recently made by Dr. Henry Leffmann, I observe that this food is a very near approach to the mother's milk in its chemical constituents and their proportions.

I submit, in conclusion, this analysis and that of mother's milk according to Holt's, for comparison.

Mother's Milk (Holt).		Eskay's Albumenized Food. (Leffmann.)
Fat	4.00	4 16
Proteids	1.50	1.76
Total Solids	12.80	11.32

THINGS IN GENERAL.

DOCTOR KATHERINE KOLLOCK has been elected assistant professor of physiology and hygiene in the Girls' High School of Philadelphia. Her duties contemplate the medical supervision of the pupils.

MRS. DONALDSON, of Camden, New Jersey. was recently delivered of a perfectly-formed and healthy child which registered the remarkable weight of seven and one-half ounces. Notwithstanding its head could be contained in an ordinary teacup and its hands covered by a silver quarter, it was clinging to life with commendable tenacity at last account.

THE New York Lying-in Hospital is likely to have a new home. J. Pierpont Morgan has offered to erect a building to cost $1,000,000, provided the hospital society raise sufficient money to conduct the affairs of the institution on a scale commensurate with the enlarged facilities. Plans have already been obtained, and as soon as assurance of running expenses is forthcoming the work of construction will be begun on the site of the present hospital, corner of Second avenue and Seventeenth street.

DR. BERTHA WILSON, of Ironton, Ohio, has been appointed on the staff of the State Hospital for the Insane at Columbus, Ohio.

DR. ALICE KIRK, of Hastings, Mich., has been elected Vice President of the Eaton and Barry Counties Medical Association.

DR. MARY O'MALLEY, the only woman who graduated at Niagara University, Medical School this year, received special mention for proficiency.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next meeting of the Mississippi Valley Medical Association will be held in Louisville, on Oct. 5, 6, 7 and 8, 1897. All railroads will offer reduced rates.

The President, Dr. Thos. Hunt Stuckey, and the Chairman of the committee of arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors. Titles of papers should be sent to the Secretary,

DR. H. W. LOEB, 3559 Olive Street, St. Louis.

BOOKS.

DAUGHTERS OF ÆSCULAPIUS.
Stories written by Alumnæ and Students of the Woman's Medical College of Pennsylvania, and edited by a committee appointed by the Students Association of the college. Published by Geo. W. Jacobs & Co., Philadelphia. Price 75 cents cloth, illustrated.

The young women, who are the writers of the little book are to be congratulated and so also their Alma Mater; for as the tree is judged by its fruits, so also is the value of a college judged by the individuals it sends forth. These daughters of medicine have, in this book put forth eight stories, one biography and one article of reminiscence. The contents of the book are as follows:

The Genius Maker, Dr. Eleanor M. Hiestand-Moore, class of 1890. The Domestic and Professional Life of Ann Preston, Dr. Rebecca Moore; class of 1883. A Maiden Effort, Julia Grice; class 1900. Mater Dolorosa—Mater Felix, Dr. Anna M. Fullerton; class of 1882. One Short Hour, D. Rosalie Slaughter; class 1897. "The Greatest of These is Love." Dr. Gertrude A. Walker; class of 1892. Reminiscences of Medical Study in Europe, Dr. Kate C. (Hurd) Mead; class of 1888. A Psycho-physical Study, Julia Elizabeth Hatton; class of 1899. Dr. Honora, Dr. Hester A. Hewlings; class of 1883. The Home Side, Dr. Alice M. Seabrook; class of 1895.

There is a flaver in the "Genius Maker" that reminds one of Dr. Conan Doyle or of Poe. Certainly Dr. Moore has a well trained imagination and a most graceful way of setting down the words of description.

By far the best of all these good things is Dr. Anna Fullerton's Mater Dolorosa—Mater Felix. It is full of life, full of pathos—as all life is—rich in coloring and true to nature. The author is fortunate in a double vocation, for Dr. Fullerton weilds the pen as deftly as she does the scalpel, and is eqally fortunate in results from both. From cover to cover the book has not a dull line and every woman who participated in its make up, from author to printer, is to be congratulated on the success of the effort.

THE DISEASES OF THE STOMACH.
By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin, Director of the Augusta Hospital, etc. Translated and edited, with numerous addi-

tions, from the Third German edition—by Morris Monges, A. M., M. D., Assistant Visiting Physician to Mount Sinai Hospital, Lecturer on General Medicine at the New York Polyclinic, etc. Second revised edition. New York: D. Appleton & Co., 1897.

The second revised edition of Dr. Ewald's classic work on the stomach, deserves the most merited praise by the entire profession. In the opinion of the reviewer, it has no equal in any language. While it is minute and exhaustive enough to satisfy the specialist, yet it is adapted to the requirements of the general practitioner. The general practitioner can, with this work as a guide, make a satisfactory examination of the stomach contents and reach a diagnosis without which it would be utterly impossible to arrive at a positive opinion in regard to many diseases of the stomach. The first two chapters are devoted to physiological conditions and methods of determining the different acids of the stomach, its contents, together with the deterioration of the digestion of albumen, sugar, etc. Chapter three deals with Stenosis and strictures of the Aesophogus and of the cordia. Chapter four, the relation of the stomach to the organism, inflammation of the stomach, gastritis acuta idiopothica and sympathetica. Chapter five, chronic catarrh of the stomach. Chapters six and seven, insufficiency and dilletation of the stomach and cancer. Chapters eight, nine and ten, ulcers and neurosis of the stomach. The neurosis of the stomach of the stomach were considered of such importance as to require something over one hundred pages of matter. The author clearly points out that chemical tests is not infallible and warns us that "only the most careful consideration and weighing of all the symptoms which can be obtained with all the diagnostic rescources, will enable us to recognize the existing disease."

Too much praise cannot be given to Dr. Monges for his part in this work. He has made it reflect the best ideas of our country, either in the footnotes or incorporated into the original body of the work. So it not only represents what is best in German thought, but in English as well. In the bibliographical footnotes Dr. Monges has given reference to every article of any importance which has been published in recent years on diseases of the stomach and its disorders. The publishers are to be complimented for the handsome

binding, print, paper and illustrations, of which there forty-six.

ANOMALIES AND CURIOSITIES OF MEDICINE.

Being an Encyclopedic Collection of Rare and Extraordinary Cases, and of the most Striking Instances of Abnormality in All Branches of Medicine and Surgery, derived from an Exhaustive Research of Medical Literature from its Origin to the Present Day, Abstracted, Classified, Annotated and Indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D., Imperial Octavo, 968 pages, with 295 Illustrations in the Text. and 12 Half-tones and Colored Plates. Philadelphia: W. B. Saunders, 925 Walnut Street; 1897. Prices: Cloth, $6.00 net; Half Morocco, $7.00 net. Sold only by Subscription.

Is, as may be inferred by the title, a treatise on deviations from normal types, as met with in the practice of medicine.

This work deals exhaustively with the congenital malformations, which have in all ages vexed those who were unfortunately afflicted, and interested the obstetrician, surgeon and general practitioner as held in olden and modern times, concerning the origin of these anomalies.

It also deals with the physiological deviations from functional types. While in the scope of its subject it is encyclopedic —embracing the facts stored up in medical literature of all ages, it is a most charming record in style. The type is clear. The arrangement systematic. Illustrations profuse and most interesting. M. J. M.

MARTIN'S TREATMENT OF UTERINE FIBROIDS.

This little work is a valuable contribution to the general practitioner as well as the gynecologist, and should be found in the library of every student. The first two lectures on anatomy, histology and symptoms are concentrated.

The treatment is considered under three principal heads, viz.: First, Medical; second, Electrical; third, Surgical. Under each form of treatment the author's experience shows he has mastered his subject.

The book is intensely interesting and practical.

INDIGESTION, DIGESTION ASSIMILIATION.

In these four functions we have the foundation stones of life and health and upon this foundation all therapeutic procedures must rest. The ingestion of suitable nourishment; its complete digestion and assimilation, with the complete elimination of waste, means health, while in disease one, or more, or all, of these functions must, obviously, be at fault.

We are wont to recognize the importance of ingestion, digestion and assimilation, but we do not so thoroughly realize the equal importance of elimination.

It is a fact beyond dispute that the retention in the system of waste matter is productive of an almost infinite variety of disordered conditions. When we speak of the "Uric acid diathesis;' of "Arthrites;" of "Uraemia;" of "Cholesteraemia," we are really speaking of conditions characterized by the retention in the system of waste matter; of matter calling for elimination. In acute germ diseases it is obvious that elimination of the germs, and their products, is of the first importance.

In structural disease of any excretory organ, whereby the ability of this organ to eliminate waste is lessened, poisonous material must accumulate in the body and it is logically apparent that we must procure the elimination of this waste before we can hope, or expect, to benefit our patients. If one ingests two pounds he must eliminate two pounds; ingestion and elimination must balance, else health will suffer. The necessity of ingestion is universally acknowledged; the necessity of equal elimination is but indifferently appreciated.

In Melachol, The Alta Pharmacal Co. of St. Louis has furnished to the profession a valuable and reliable preparation which is a potent eliminant and, at the same time, a potent supporter of the vital processes.

Unlike most eliminants, "Melachol" does not depress and weaken the patient, hence, for this reason alone, it should be preferred.

Realizing the importance of elimination in all diseases, does it not seem logical to assert that if, to our special treatment for the special disease confronting us, we add a reliable eliminant, our results will be much more satisfactory?

THE VALUE OF APIOLIN IN NEUROTIC CONDITIONS.

DYSMENORRHEA is one of the most frequent complaints the general practitioner is called upon to treat. That it is one most obscure in etiology, as well as one of the most difficult to permanently relieve, all physicians will admit.

Most authorities divide dysmenorrhea into the neuralgic, the obstructive, the congestive or inflammatory, and the membranous form. The frequency of these varieties is in the order named. In other words, the most frequently met is the neuralgic form, and the least frequent is the membranous.

While one who has had experience can readily determine the character of the case by the character of the symptoms, and although we do occasionally find these typical varieties, it is doubtful if any case continues one of any of these (distinct) varieties for a long period of time. Thus, a neuralgic dysmenorrhea does not long remain purely such. It is impossible to suffer great pain during the function of menstruation continuously, month after month, and year after year, without structural changes in the endometrium resulting. Neurotic dysmenorrhea in time becomes congestive, and, finally, inflammatory dysmenorrhea.

In a certain sense, every dysmenorrhea is mechanical. Neuralgic dysmenorrhea is certainly mechanical when spasmodic; for instance, when there is spasmodic action of the fibres of the cervix, analogous to the spasmodic action of the sphincter ani in fissure of the rectum. There is a mechanical obstruction in dysmenorrhea when the cause was originally a flexion or displacement Sooner or later, the neurotic element enters into all cases of dysmenorrhea. Of course, obstruction is one of the chief underlying factors in causing pain in some cases of dysmenorrhea. It is a well-known fact that savage women suffer much less during labor than their civilized sisters, possibly because a higher development of the nervous system is incident to civilization. It seems natural to suppose that this high development of the nervous system makes menstruation more painful; or, in other words, that the pain, at least in part, is nervous or neuralgic. Dysmenorrhea in young women is often caused by improper mode of life, and for the relief of such it is not the gynecologist, but the general practitioner, who should be consulted. The latter, by proper advice and judicious medi-

cation, can and will usually give them relief without the examination, which, in unmarried women, when unnecessary, is little less than a crime.

Some recent authorities deny the existence of a pure neuralgic dysmenorrhea, attributing all cases of dysmenorrhea to infection and arrested development. I think, however, that most practitioners believe there is such a thing as neuralgic dysmenorrhea. I regard it as the most frequent form of dysmenorrhea, coming on at the very beginning of menstruation, and, it may be, lasting until the end of menstrual life; and it is the most troublesome form to treat in many instances. One reason for believing in its existence is the conduct of cases and the manifestation of symptoms. Some of these cases begin at the very inception of menstruation; some not until months afterwards; some not until after married life; and some not until after parturition.

Some, when they have begun, or later on, stop for one or several months or a few years, and then for some cause return again. There is great irregularity regarding time, duration and the position of the pain in these cases. Not a few of these cases suffer irregularity in quantity at different times, and not a few cases suffer irregularity in position at different times.

In the treatment of dysmenorrheal cases, where there is no tangible pelvic lesion demanding strictly local attention, or operative interference, I have of late come to rely on a single remedy; apiolin, the active principle of petroselinum sativum, introduced to the profession by Chapoteaut. The following cases are of the neurotic variety of dysmenorrhea, and clearly demonstrate the value of the drug as a therapeutic agent.

Case I.—Miss F., aged 20, anemic and poorly nourished. For two years she had suffered greatly from painful and scanty menstruation. At times the pain was so severe that the hypodermatic use of morphia was resorted to. An iron tonic was prescribed; also, apiolin at the menstrual periods, beginning three days before the flow was due. In three months the patient was much improved in general health, and her menstruation was normal.

Case II.—Mrs. R., aged 34, married ten years, three children, youngest two and a half years old. Had had painful and scanty menstruation off and on for nearly four years. When I first saw her she had had four painful periods in succession. Apiolin was ordered (one capsule three times a day) during the

flow, beginning as usual two or three days in adance. The effect was immediate, pain being slight, and the flow more copious. The second month there was no pain, and flow was normal in quantity.

Case III.—Mrs. B., aged 27, married five years, one child two years old. Previous to marriage had suffered from painful menstruation, but after marriage the attacks had subsided, and only recurred after the birth of her child. The pain experienced was of a severe character, necessitating confinement to bed and opiates. She was put on apiolin (one capsule three times a day), beginning three days before the period. This remedy was continued for three months, after which menstruation was normal.

DANGEROUS SPURIOUS IMITATIONS.

THE attention of the medical profession is earnestly directed to the various dangerous decoctions masquerading as Coca wine. These decoctions are intended as meretricious imitations of the standard French preparation, "Vin Mariani," which has been so widely endorsed by and whose merits are so well-known to the medical fraternity that it would be superfluous to enter into any lengthy enumeration here of its virtues.

Investigation discloses that these so-called coca-wines are generally variable solutions of the alkaloid cocaine, in sweetened wine of a low grade (artificial wines). Quantities of such so-called coca-wine have been seized upon by various health authorities and destroyed. Any physician will realize the danger ensuing from the use of decoctions of such a character.

These spurious and dangerous preparations are having the effect of causing misapprehension and working an indirect injury to a really valuable drug, for the real usefulness and value of Coca, when conscientiously prepared and properly administered, have long since been recognized by the medical fraternity.*

Physicians will not encounter disappointment whenever using "Vin Mariani," the standard French Coca wine, as an adjuvant in treatment, as a tonic-stimulant, and as a restorative in cases of profound depression, anaemia and exhaustion. It has stood the test in practice during nearly thirty-five years, and during that period has been strongly endorsed as a reliable and standard preparation by many of the most honored names in the medical profession, both in this country and in Europe.

Physicians are, therefore, earnestly urged, when prescribing Coca, to insist that their patients procure "Vin Mariana," thus avoiding any failure in results and insuring positively no unpleasant or dangerous after-effects.

RECIPROCITY IN MEDICAL LICENSES.

DR. WILLIAM WARREN POTTER, of Buffalo, President of the National Confederation of State Medical Examining and Licensing Boards, chose this for the subject of his annual address at the seventh annual meeting of that body held at Philadelphia, May 31, 1897. He first paid tribute to the memory of Dr. Perry H. Millard, of St. Paul, then in an introduction reviewed some of the essential points of progress that had been made in state control of medical practice, and finally considered his subject.

THE PROBLEM.—The most important question now to be discussed pertains to the interstate exchange of licenses, and every friend of state control is interested in establishing this principle. It is one of the objects this confederation is laboring to accomplish, but a most difficult problem for solution. A national registration bureau is desirable where legally qualified and reputable physicians may be recorded—physicians whose names appear on this register to be allowed to pass from state to state in the enjoyment of all privileges pertaining to the practice of medicine. Those chiefly agitating the question of reciprocity, however, are specialists who desire to spend profitable vacations at summer resorts and do not relish the idea of taking state examinations in the localities chosen for their holiday practice. Another class of men, compelled by circumstances to change residences, is more deserving of sympathy; they take the examinations uncomplainingly. Shall a state require of its own citizens a compliance with its practice laws while granting to thrifty summer specialists exemption from their operation? As the state laws forbid discrimination against the inhabitants of each there is both a legal and a moral bar to such exemptions.

OBSTACLES TO RECIPROCITY.—Equality of standards for admission to the study and practice of medicine is the only enduring basis on which reciprocity can be established. When the several states adopt a uniform level of preliminaries; a uniform period of collegiate training, including uniformity of methods of teaching; and finally, an absolute similarity in the methods of conducting state examinations and granting licenses, then reciprocity will be equitably and permanently established. It is important for the state medical examiners to come to an agreement on these several points that they may act with intelli-

gence on a common platform. The state imposes a post-graduate examination, and none should be admitted to it who are not holders of diplomas legally obtained from registered and recognized colleges. It is understood, of course, that there must be established a uniform system of recognizing and registering medical schools in the several states.

THE SOLUTION — LEGISLATIVE ENACTMENTS.— The remedies lie in legislative enactments. Those who most loudly and persistently demand interstate indorsement aim their criticisms at examining boards; whereas these have nothing to do with the question. The statutes in states that have established licensure prohibit interstate exchange except between such as have equality of standards. The demands of the restless and migratory doctors must be taken to the state legislative halls. Meanwhile, the members of this confederation may assist in bringing the matter to a more speedy conclusion by acquainting their legislatures with the difficulties to be overcome, and by urgently recommending the adoption of such amendments to existing laws as will meet and remove the present defects. Great care must be exercised, however, in the preparation of amendments; the state laws are for the public weal, reciprocity is only for the few. Amendments to existing statutes should be proposed only through state medical examining boards or state medical societies; they are familiar with defects and best know the remedies needed. When legislatures can be persuaded to turn a deaf ear to all amendments that are proposed outside of official sources it will be a happy day for the friends of state license. The object of this discussion is to divert further criticism of the delay of reciprocity into the proper channel. If legislators could be made to appreciate the fact that public health interests are involved in the question of state license; that every attempt to weaken the principle is a blow at public sanitation; and that higher standards of medical education mean better health for the people, then perhaps it would be easier to obtain and maintain the necessary laws to protect the commonwealths against that kind of ignorance, superstition, or super-refinement that always lurks in the environment of quackery.

KEEP COOL BY TAKING A LAKE TRIP.

Visit Picturesque Mackinac, the island of cool breezes. Travel via the D. & C. Coast Line. Send 2 cents for illustrated pamphlet. Address A. A. SCHANTZ, G. P. A. Detroit, Mich.

WOMEN MEDICAL STUDENTS IN PARIS.

Marie E. Belloc reports the views of M. Charles Richet, the most distinguished medical scientist of France, on the success of women as medical students. He says:

"I have a great many lady medical students under me for examination in taking degree of medicine, and so I have the opportunities of making observations. As to what differentiates them from their male companions, I may say that all I have seen of the woman medical student individually fills me with admiration. There are a great many Russian Jewesses among the girl students, for, as you know, they are bitterly persecuted at home, and they find their way here, struggling the while with the most awful poverty and yet giving an example to all of exceptional industry. I specially mention the Russian women, for out of five foreigners working in the medical schools four will be Russian or Polish. As compared with the men, I should say that women students are not as successful when dealing with abstract science, and though they are exceptionally industrious and have splendid memories, they are lacking in originality. Still the intelligence of the average male and female student is, I fancy, more or less equal. Of course, there are exceptions. I have now working in my laboratory a young girl who, though not of French birth, when only fifteen had passed her two baccalaureates. She went through her medical examinations in six months, and she speaks French, English, German, Italian, Greek and Latin. But she is distinctly the exception which proves the rule."

"And do you find that your lady students pursue their medical studies after they have obtained their degree?"

"Certainly. One of my ex-pupils is now practicing as a lady doctor in Egypt, and there is certainly room in the world for medical women. It is early yet to say whether they will ever rival men in experimental and scientific medicine."—The Woman's Journal.

THE CHIVALRIC ENGLISH.

The University of Cambridge, England, at a meeting on May 21st, rejected by a vote of 1,713 to 662 the proposal to confer degrees upon women. The refusal was largely the work of clergymen of the Church of England, who flocked to Cambridge from all parts of the country in order to put themselves on record as opposed to the new woman. The students amused themselves by suspending opposite the senate house an effigy of a woman in bloomers on a bicycle, and over the gateway of one of the colleges was a transparency inscribed: "Get you to Girton, Beatrice. Get you to Newnham. Here is no place for maids."—Medical Record.

A prominent Vermont physician writing to thank The Imperial Granum Company for copies of their famous Clinical record, adds the following convincing words as to the merits of their product as a food for children: "I can show a baby that has been reared on—Imperial Granum—after trying numerous other foods until he was reduced to a mere skeleton—that is now as tough and strong a boy of fourteen months as can be found anywhere."

The Tilden Company, New Lebanon, N. Y., and St. Louis, Mo., have just issued a very handsome booklet, profusely illustrated, relating in a most entertaining vein the experience of a prominent physician with Tilden's Elixir Iodo Bromide of Calcium Comp., in the treatment of Syphilis, etc., in India. The account contains valuable information regarding the habits, superstitions, etc., of the natives. Copies will be furnished upon application.

The necessity of overcoming the insomnia attending certain cases of pneumonia, ought to be evident to every physician. Probably nothing known to the profession can alleviate the distressing symptom of sleeplessness so satisfactorily and with so few after effects as Bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.—Vermont Med. Monthly, February, 1897.

Dr. J. R. Andre, of Baltimore, Md., writes Feb. 25th. '97:
"I am using Neurosine in my practice and find it the most efficient remedy in Nervous Diseases and the very best Hypnotic, without the detrimental after-effects from the use of Opium, Morphine or Chloral."

MONDAY, AUGUST 2nd.

Clover Leaf will issue low rate excursion tickets from Illinois, Indiana and Ohio stations to Niagara Falls, for its annual excursion, August 2nd.

For further particulars call on nearest agent or address,
C. C. JENKINS, Gen'l Pass. Agent, Toledo, Ohio.

TOURISTS EXCURSION RATES.

Clover Leaf will issue reduced rate excursion tickets from principal stations to various resorts East and West, and to Upper Lake points. Special low rates to camping-out parties. For further particulars call on nearest ticket agent or address,
C. C. JENKINS, Gen'l Pass. Agent, Toledo. Ohio.

The Woman's Medical Journal.

VOL. VI. AUGUST, 1897. NO. 7.

WOMAN IN MEDICINE.

THE first woman practitioner of whom we have mention was Agnodice, a young Athenian woman, who lived 300 years B. C. Among the Greeks and Romans, who were opposed to the entrance of women into the medical profession a few names appear. In the middle ages we find many in Italy France, Spain, Germany and England taking doctor's degrees, writing works on medicine, and in some instances even occupying professor's chair, as at Padua and the famous University of Bologna. In 799 Maria Zega received an M. D. "In the Universities of Europe were rare and exceptional cases of women who excelled as surgeons and were highly esteemed for their skill." "Five hundred years ago the women of Europe had in their hands nearly all the genuine medical and surgical practice. The ladies of the medieval castles and later country homes had a traditional skill in simples and surgery. The regular doctors of those times were generally quacks. Medicine passed from the women to the men chiefly through the advance made by great chemists of the rougher sex." Whether the reason first given for the disappearance of women from the fields of medicine is the correct one, or whether it was that "when instruction began to be systemized, when universities took charge of it, and legal standards of qualifications were established women were excluded because at the time no one thought of them as either able or willing to submit to the new conditions imposed", we are unable to say. As the tide of centuries has rolled on well nigh all trace of woman in leach-craft has been obliterated. It is only here and there the untiring searcher among the records of bygone days has brought to light the story of some female Aesculapius. Then in so turning back the pages of history we learn that woman's presence in the medical profession is not as many imagine a modern invention, not an outcome of the restless spirit of the age, rather is it "a restoration of the lost arts". And now to-day the queen is coming to her own again, for it certainly does appear

that man has usurped woman's place in the sick room, rather than the reverse.

For the enlightenment of the ignorant and also that those who have had the courage to employ a woman physician may have a reason to give for the help that is in them, let us glance at woman's work in the medical field during the past forty years.

On the European continent women study at the Universities of Paris, Upsala, Zurich, Berne and Leyden and can obtain good hospital instruction at Vienna and Dresden. There have also been, we believe, some concessions made to them in Norway, Sweeden and Russia.

In Great Britain, Dr. Jex Blake after 25 years succeeded in November, 1894, in getting the University of Edinboro opened to women. In October of that same year there were "some 200 women entered on the British Register as then practising. Of these one-quarter were in India, five in China, five in Australia and three in Canada. Some medical women have already passed away leaving memories as fragrant as those of Miss Helen Prideau, gold medalist in Anatomy of London University". (Miss Prideau was the first student of either sex, who was considered to have earned the medal.) " and Fanny Butler the brave medical missionary who died at Sprinagar in 1889, 'the thin spun life' of each cut off at the beginning of a career of rare promise. In 1894 two women doctors were appointed to children's hospitals, one to a country asylum, one to a church army dispensary and two to the Cana Hospital, Bombay."

When I was in London in 1883–4 there was a woman physician to look after the health of the female employees of the General Post Office. All this must be very encouraging to Dr. Elizabeth Garrett-Anderson one of the pioneers in the medical education of women. During her student life a writer in a medical magazine alluded to "the honorable tho' we fear mistaken career of Miss Garrett". This lady's eminent success in her chosen profession has proved how groundless were that writer's fears. Through Dr. Anderson's influence a well equipped hospital has been established where suffering women can be skillfully cared for by physicians of their own sex. (Was told recently by a friend this hospital is doing splendid work.) In Canada the medical movement among women has not made much progress. The

degrees of M. D. from Bishop's College, Lennoxville, and Dalhousie College, Halifax, are now available. We understand that students of the Ontario Medical College for women, Toronto, Ontario, receive degrees from the College of Physicians and Surgeons, Toronto, The University of Toronto and the University of Ontario.

In the United States there are nine Medical Colleges exclusively for women and forty-seven open to both sexes. Dr. Elizabeth Blackwell a graduate of Geneva College, New York, 1849, was allowed to register in 1858. She was soon joined by her sister Emily. So great was the prejudice against women doctors, no one would rent them a house, they were obliged to buy.

They opened an Infirmary and Dispensary for women and children in New York and in 1865 obtained a charter for a college in that city. To-day "The New York Infirmary for Women and Children" and "The Woman's Medical College of the New York Infirmary," own a splendid property on the corner of Livingston Place and E. 15th street. The new operating room, though small, is as perfect in its appointments as the heart of a surgeon could desire. Over six hundred patients were treated last year in the hospital and maternity. About two years ago the operation of "Cæsarean Section," with recovery of mother and saving of child, was performed by the women surgeons. The total number of patients treated last year in the dispensary in connection with the hospital was 13,640, 1,319 families were visited in the Out Practice Department and 9,819 visits made by Dr. Annie S. Daniel and her assistants. A nurse assists in the Out Practice, going as directed to the different cases and caring for them as only a trained nurse can.

In a letter received a few days since, from Dr. E. M. Cushier, senior visiting surgeon, she says, "I think the number of major operations which I have done would amount to about seventy-five. This includes abdominal laparotomies for extra-uterine gestations, tumors, pio-salpin and abdominal and vaginal hysterectomies. This number would be larger were I not more conservative than some of my confreres. The results have been good, some extremely bad cases resulting most favorable.

In one case of extra-uterine pregnancy, the abdomen was re-opened for secondary haemorrhage and normal salt

solution injected into a vein. The patient, though pulseless at time of this operation, recovered. This was done by Dr. Eleanor Kilham before I reached the infimary. (Dr. Kilham is not a surgeon.) The operation of Caeserean Section, before referred to was performed by Dr. Cushier.

In Roxbury, Boston, Lennox street, the New England Hospital for women and children, stands proudly forth to show what women doctors can do. The property is valued at $140,000. Nearly six hundred medical, surgical and maternity, last year, September 30th, 1895 to September 30th, 1896, passed through its wards. The number of operations performed by the women surgeons numbered 236, thirty-seven of these being abdominal sections for piposalpins, chronic ovaritis and salpingite, ovarian, cystoma, hydrosalpinx, extra-uterine pregnancy, inguinal and omental hernia, etc.

In the heart of busy Boston at 29 Fayette street, has stood for more than 30 years the dispensary in connection with the N. E. D. for women and children. From September 30th, 1895, to September 30th, 1896. The Dispensary enrolled upon its register 14,327 names. The highest number seen on any one day was 79, the daily average being 47. In the Out Practice department 4,774 visits were made upon 1,467 patients. Here a nurse also accompanies the physician; making 2,012 visits. In January, 1896, Colonel Albert A. Pope, of the Pope Manufacturing Co., expressed a wish to do something for the New England Hospital Dispensary in recognition of its valuable and far-reaching charitable work, and of the long and faithful services of his sisters, Doctors Augusta and Emily F. Pope. This generous offer was at once accepted and upon the site of the old dispensary is reared the new at a cost of $25,000. Entirely, be it noted, to enable the women physicians of Boston to carry on their work among the poor more effectual.

The Woman's Hospital of Philadelphia, is a fine building six stories high, where the doctors begin work at five o'clock in the morning. The report for 1896 gives the following information, 905 patients were admitted during the year; 5,722 were treated in the different clinics in the dispensary service. Children's, Gynaecological medical, skin, surgical, eye, ear, nose and throat, dental and electrical clinics. Number of operations performed in the hospital was 734. In the

clinics 199, making a total of 933. Of these 57 were abdominal sections, 14 of the 57 being hysterectomies for uterine fibroid, 14 for chronic salpingiti's and ovaritis, one removal of appendix for appendic:t's, with recovery, one operatiou for ruptured tubal pregnancy with recovery.

Chicago has a fine college and hospital for educating and training its women physicians. Among the women surgeons of this city are Dr. Marie Mergler, secretary and treasurer of the Northwestern University Woman's Medical College, Proffessor Gynaecology, Chicago P. G. Medical College, on the staff of the Wesley Hospital and Woman's Hospital. Dr. Lucy Waite who a few months ago was appointed head physician and surgeon to the Mary Thompson Hospital for women and children, at which institution she does much surgical gynaecology. She is at present in Moscow a delegate to the International Medical Congress. Dr. Bertha Van Hoesen who did her first major operation four years ago last May. She is doing annually about 30 major operations and many minor ones. During the last three years she has had no death from operations. The cases include many cases in a wretched condition. Appendicitis, two of ruptured extra-uterine pregnancy, several cases of large and adhereit pyo-salpinx. Dr. Rosa Engleman is professor of Paediatrics in Post Graduate Medical College.

The record of abdominal sections performed by the women in connection only with these four hospitals should forever silence Dr. Van der Walker and those of his kind who say, "We have yet to see the female ovariotomist."

Many good and conscientious persons, can see a perfect propriety, nay a necessity for women doctors in the evangelization in heathen lands, who can see neither, rather a manifest impropriety in their suggestion for civilized countries. To understand the need there is for women doctors out of India let us hear what a clergyman's wife has to say about it. "What occupation more seemly than that of healer to an afflicted sisterhood? The cleverest doctor cannot understand all the sensations of a female set of nerves. There are strings in the instrument that he cannot learn about, he can but touch them according to blind precedent, and let him touch them ever so gently they jar. A fellow feeling makes us wondrous kind. Have our medical faculty any idea of the number of young girls who become chronic invalids or even

sink into early graves rather than put themselves under medical advice. Remonstrate with them and the reply is, 'I would rather be torn in pieces.' In the name of that shrinking delicacy that we all admire in our young girls and that we should guard as we would the white bloom on the petals of a lily let us give them physicians of their own sex." Strong word yet true.

Dr. Elizabeth Blackwell is said to have entered upon her medical studies at the earnest solicitation of an invalid friend. We are constantly hearing from our patients. "What a comfort it is to talk to a *woman* doctor." "I never was able to tell a man what I am telling you." "Oh, if I had only known before there was a woman doctor in the place." A woman 75 years old who required a serious surgical operation came to the N. E. H. and said, in substance, "I want the women doctors to do what they can for me. If they are unable to help me, I shall go to no one else." The women surgeons performed the operation, saving the patient a little longer to her family.

A young physician in Edinboro busily canvassing against Dr, Jex Blake was rather indignant at the refusals of an old practicioner to join in the attempt to anihilate her. "Surely" said he "*you* would not want a woman doctor to attend *you*". "No I should not and for that very reason I object to forcing men doctors upon women."

"Oh who is this who casts her rose of youth
  Beneath the feet of praise, nor fancieth,
The life of her ladyhood in sooth
  Too white to bloom beside the couch of death.

"It is the woman healer, here who stands
  With tender touch upon the cruel knife;
With thought engraven brow and skillful hands
  And yearning heart, to save the house of life.

"Bless her O woman for it was your call—
  The agonizing cry of your distress
That urged her outward from the cloister
  To make the burden of your misery less."

But does not the practice of medicine and particularly of surgery, bedraggle the "sweet garb of femininity" in which sentimentalists of both sexes would fain bedeck woman. One of the most home-like homes I ever visited, was that of Dr. Zakrzewska, pioneer woman physician of Boston and founder of the N. E. Hospital and Dispensary.

Three medical students studying together in N. J. had a call one evening from a young gentleman friend, "How do you girls manage to make your room so home like," was his first remark. Some of the loveliest women both in person and character, whom it has been my privilege to meet were women physicians and surgeons. There is no grander more unselfish woman on the face of the earth than the female medical missionary. She stands unrivalled and without a peer.

A physician whose views of Providence were bounded by the narrow horizon of his own ideas said, "God never intended woman to study medicine." Can it be possible that such a large body of women as are represented in the medical profession from Japan on the east to California on the west, should have been making the same mistake for more than forty years! The majority of them are christian women, fully believing they have been directed in the choice of a vocation. Can their lives, so full of comfort and help to the sick and suffering, be one huge blunder? The thought is a monstrous absurdity, a travesty upon Divine justice, a libel upon our belief in an overruling Providence, who has said, "The very hairs of your head are numbered." Some one else has hazarded the opinion that back of originality, militates against women as medical practitioners. Granted, she has no originality, the deficiency (?) is more than compensated for by an immense amount of adaptibility, ingenuity and fertility in expedients. Note well what she can do with a hairpin. Bah, Burdette says, he knows a woman who could pin a glass knob to a door with a hairpin. However, be all this as it may, woman's capacity for the medical profession is best measured by her success. That success is by no means meagre, in whatever light it is considered. Those not having the desire or opportunity to watch women in their profession, little know what they accomplish. They make *original* researches, publishing the results of their investigations in leading medical journals. They invent apparatus, which I have known to be appropriated by men. The name of Dr. Mary Putnam Jacobi is nearly as well known in medical literature as that of her famous husband Dr. Abraham Jacobi. In this connection might be mentioned Dr. Grace Peckham Murray, Dr. Sara Pash, Dr. Sarah McNutt, and a host of others. Women physicians are ap-

pointed as the result of competition examinations to many hospitals in the Uuited States, Cook County Hospital, Penn., is one of these. Dr. Josephine Walter, in 1883, won a position as assistant physician in Int. Sinai Hospital, N. Y., over nineteen male competitors. Four or five years ago Dr. Anna Williams was appointed a member of the Acteriological department of the New York City Board of Health. Many insane asylums in the United States also have women on their staff of physicians. In Nova Scotia a step in the right direction has been taken by the town of New Glasgow, a step that might well be imitated elsewhere. Dr. Katherine McKay was appointed one of the visiting physicians to the new "Aberdeen Hospital" in that enterprising little town. So we might go on indefinitely.

In the majority of cases women can hold their own with the male practitioners, meet with no more difficulties or discouragements than men and make no more blunders either in diagnosis, pugnosis or treatment, probably fewer for their natural cautiousness and conscientiousness come to the rescue, aided by quicker perceptions and finer sensibility, plus *educated intuition.* Pecuniary results are also good. Only a few fail to make a comfortable living, and many beginning practice with empty pockets. Some even in debt, are after a few years able to provide themselves with all desirable luxuries. Dr. Elizabeth Kellar of Jamaica Plains, Boston, a magnificent specimen of womanhood and twice married, was said to have an income from her practice of $20,000 a year.

It is scarcely worth while discussing whether woman's physical strength is equal to the strain of the medical profession. It is only the novel which arouses suspicion. What always has been is never questioned. So no one thinks of woman as unable to endure the wear of raising a large family to whom she has to be mother, day and night nurse, cook, housemaid, laundress, seamstress, tailoress, and so on, as too feeble to spend day after day bending over wash-tub and ironing-board, as too feeble to stand the grinding toil of teaching, or sewing, or even worn out by the demands of fashionable life, and above and beyond all, no one ever dreams of her as too weak to wear the clothing in which so many women see fit to array themselves. The boots alone

are enough to wreck the finest physique! The extreme delicacy of woman's constitution is only fully realized when attempting something her sex has never or but rarely attempted before. The farther that something is from her beaten track, the more intensely fragile she becomes. Especially if there is any more money in the new path for her.

Women physicians often meet with such expressions as these: "How did you ever come to study medicine?" "I cannot imagine how you have the *nerve*!" "*I* do not approve of women doctors!" Charity compels the supposition that the persons making these remarks are quite unaware of their real impertinence. It is all very sweet and pretty to talk of sheltering the weaker sex from the storms of time, and the oak and ivy ideal has its fascinations. What does either amount too when brought face to face with the stern realities of life, when confronted with the overwhelming "what is" in place of the millenial "what ought to be". There are hundreds of thousands of women in our civilized countries who must work or starve. Old maids, young girls and widows form the bulk of this mass. Many have parents, sisters, brothers or children depending on their efforts. Is it just that their method of earning a livelihood should be dictated to them? The necessity for exertion being upon them, are not they the proper persons to say in what direction that exertion shall tend? Why should not a woman, as well as a man, have the right to earn her daily bread in any way she prefers as long as it is an honest way. Woman's lot is hard enough in the nature of things, so hard all hearts should go out in tenderest sympathy and held to every girl child born into this cruel world. Instead her lot is made worse by senseless twaddle about "woman's sphere" and trying to keep her in paths whose sole recommendation is their sanction by long ages of custom. Does any one for a moment imagine earning our bread and butter is so entertaining we would do it if we did not have to. Is a "fair field and no favor" then too much to ask? Would-be prophets foretell that as woman has once before disappeared from the arena of medicine, so she will in like manner again disappear, that it is only a question of time. If the theory that "history repeats itself" be true, we must fain accept this prophecy. Reason, common sense and facts alike protest against it. Tne thought is not to be entertained for a moment by any one who believes we are going onward and upward unto the perfect day. Yes women physicians shall be until the "New Heaven" and the "New Earth," where "shall be no more death," "neither shall there be any more pain," the "former things have passed away."

MARIA L. ANGWIN, M. D.
Halifax, Nova Scotia.

Who May Attend Physical Examination of Female Plaintiff.

Section 873 of the New York Code of Civil Procedure provides that, where the plaintiff in a personal injury case is a female, she shall be entitled to have such physical examination as the court may in its discretion order before physicians or surgeons of her own sex. Besides the female plaintiff, the general term of the city court holds, Lawrence vs Samuels, there may be present the female physician appointed by the court, and a female physician to represent the interest of each of the parties in litigation, and such other females as the plaintiff may desire. But the court denies that, in such an examination, the plaintiff's counsel has the right to bring whom he pleases, of the male sex, to witness his client unclothe and expose herself. The law never intended, it declares, that the attorney or any male should appear or take part in any such physical examination. He may be present, however, at the oral examination of the physician thereafter. The physician appointed is an officer of the court, and subject to directions of the same, and to its orders and should be sworn.

At the Woman's Congress on Education, hold in London recently, the idea of establishing a university for women alone was generally repudiated. Mrs. Garrett Anderson, M. D., was among the leaders, and gave some account of her own experience in the sixties in obtaining medical instruction. She delivered an address on medical education in the course of which she said that with the six universities and three corporations now open to women, a new university for women only would not attract any woman to enter it. Meantime, the Women's School of medicine is making great progress. The number of students increases, and the school is more than self-supporting.

Miss Columba Rivera has been licensed as a practicing physician, and appointed to the woman's ward of San Andre's Hospital. She is the first woman in Mexico to obtain such a position. Dr. Rivera has studied medicine for four years, passing her examinations with great credit.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editorr Women's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. a to number desired. Seventy-five will be furnished gratis to those desiring them.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manage

TAKE PLENTY OF TIME.

A QUICK diagnosis is one of the things we are all striving to attain. The ability to locate the seat of disease at a moments glance, is an attribute granted but few of us, and more over when it does come, it approaches by the roadway of experienced intuition and skillful observation, based on long experience.

To the average patient, diagnosis means naming, calling the ailment something—anything so as it is a name—and does much to satisfy your patient and encourage them in the thought that something was being done.

Moral effect *is* something after all, and there is no pleasure to the sick woman or man equal to the pleasures of hope, and the anticipation of convalescence, and the foundation of this tonic of hope lies in early diagnosis. So, it is a good thing to come to a decision quickly, provided the decision is well founded, but you cannot as a rule do this by looking at your patient, hurriedly feeling the pulse, scanning the tongue and glancing at the general appearance. You might in a case of well developed small-pox, but not in the ordinary run of

cases. Take time, half an hour at the beginning will save many days at the end and your patient will be glad to reply to your queries. Family history, previous conditions, special temperament are each indices that point the way to a correct and honest, as well as a well founded diagnosis.

GIVE NATURE A CHANCE.

THE qualified indorsement of women in the profession is printed below.

One of the reasons given for not esteeming women, is because years ago some woman who was attending a lying-in case waited, and waiting was not the thing.

In talking with an old physician a few days ago, who has had over eighteen hundred lying-in cases and who has never lost one, I asked him to what he attributed his wonderful success. "Waiting, then waiting again, and finally waiting." More damage is done by hurrying labor than ever was done by delaying the use of instruments.

And if women *are* patient, so much the better for women, the physician, and the world, for we rise or fall together.

A QUALIFIED INDORSEMENT.

Women in general do not make howling successes of masculine professions but the *Woman's Medical Journal* would seem to prove the exception which makes the rule.

If all the articles are written by women, there are some good ones and if they practice as well as they write they must make pretty good physicians.

Years ago the writer was called into consultation with a woman physician in a difficult case of labor. The patient had been in tedius labor for many hours and yet on his arrival instead of finding active measures for the sufferer's relief, the attending physician had gathered the family by the bedside and was praying that if the patient should die the Lord would hold her guiltless as she had done all she could for the patient and she placed her in His hands.

Forceps materially aided the recovery which was quick

and complete, but this physician for years referred to this case as one proving the efficacy of prayer.

It is the abundant sympathy of feminine nature which at times interferes with good judgment, prompt action and the success of the woman physician. Fortunately there are others and the high ranks achieved by some is proof that what has been done by man can in some instances be accomplished by women.—*Atlantic Medical Weekly.*

THANK YOU.

The Woman's Medical Journal, of Toledo, Ohio, is one among our many welcome exchanges. Its contents are always spicy and brilliant. The June number was a particularly fine one, and contained a large amount of useful and interesting information. Its entire management is in the hands of well-educated ladies who know just what to select and write for the good of lady physiclans. Its success in the past has been phenomenal, and the *Bulletin* hopes that it will not only continue to grow as rapidly in the future as in the past, but that it will do greater things than it has ever yet done in promoting the cause to which it is devoted.—*Am. Med. Surg. Bulletin, N. Y.*

DESERVES LIBERAL SUCCESS.

"WOMAN'S MEDICAL JOURNAL.—This enterprising periodical is published at Toledo, Ohio. Margaret L. Hackedorn is business manager, Claudia Q. Murphy managing editor, and Dr. E. M. Roys-Gavitt is editor in chief, and the journal has shown a substantial growth since it began publication. It has demonstrated what wemen can do not only in medicine but in journalism, and deserves the liberal support it has received, both from the men and the women in the profession.—*Medical Sentinel, Portland, Oregon.*

The Buffalo Hospital of the Sisters of Charity.—We learn that Dr. Mary O'Malley, who was graduated in May from the Medical Department of Niagara University, has been appointed one of the resident physicians to the hospital.

SULPHATE OF QUININE IN LABOUR.

Schwab (*Revue Obstet. et Gync.*) vaunts the efficiency of quinine as an oxytocic. Whenever he has given it in the course of a simple lingering labor it has awaked or accelerated uterine contractions. Quinine, he maintains, stimulates uterine fibres when once they have begun to contract of their own accord. Unlike ergot, it does not set contractions going; hence it is not an abortifacient. Quinine has one distinct advantage over ergot: the contractions which it sets going retain their normal intermittent character. It acts rapidly —within twenty-five minutes as a rule. Large doses are needed; Schwab gives a gramme, that is, 15 2-5 gr. in two "cachets", taken at an interval of ten minutes. He prescribes these two doses of sulphate of quinine particularly when the membranes are ruptured, and it is advisable that the labor should be ended as soon as possible. It is harmless to mother and child alike, since, should it fail, dilators or forceps may be used, and there is no difficulty from the tonic contractions caused by ergot. Schwab warns obstetricians that, as the placenta comes away when quinine has been used there is a slight tendency to internal haemorrhage. Coules, as long ago as 1888, advocated quinine in abortion with retention of foetal relics. Schwab has given the drug in three such cases with good results, the relics being quickly expelled, but he cannot feel sure how far the quinine contributed to the good result until further experience. Of its direct value in labor he has no doubt.

Dr. Elizabeth Gable, who was at one time physician in the State institution at Monson, Mass., has just died of consumption at Stewartstown, Pa. Her professional career had been highly successful. She was graduated from the Woman's Medical College in Philadelphia, in 1890, was then resident physician at the Island hospital, then settled at Monson, and in 1894 was appointed physician in charge of the woman's department of the Philadelphia hospital. She left there several months ago because of ill health.

It is understood that hereafter women will be admitted as students into the medical classes of the College of Physicians and Surgeons of Chicago.

Gynæcology.

LILLIAN TOWSLEE, M. D., Cleveland, Ohio, Editor.

The Editor of this department wishes Dr. Rosenwasser's excellent article on the "Uterine Sound—its Use and Abuse" to appear in this department. The article is so ably written and so practical that it should be read by every physician. Having been associated with the Doctor for nine years and observing the indications and contra-indications of using the sound, there has not occurred a case of sepsis in my practice by the use of the instrument. It is one of the most helpful instruments if properly used—one of the deadliest if improperly used.

THE UTERINE SOUND—ITS USE AND ABUSE.*

By MARCUS ROSENWASSER, M. D.

Prof. of the Diseases of Women and Abdominal Surgery, University of Wooster, Cleveland.

WITHIN the last decade Gynæcologists have been much engrossed with the developement of pelvic surgery, and have found this occupation not only intensely interesting, instructive, and profitable, to themselves, but have also demonstrated the vital importance to the profession of a thorough acquaintance with the results of their preoccupation and experience. Manual palpation and ocular inspection of pelvic contents from above have fairly revolutionized former opinions based only on palpation from below. With few exceptions, therefore, the pioneers in the new pathology have broken with the past. In their iconoclastic zeal they have often laid violent hands on procedures justly deserving permanent disuse, but have sometimes flippantly dealt with methods meriting careful consideration. Among the latter none seems to suffer more under the ban than the uterine sound—a simple instrument of precision in the diagnosis and treatment of some affections of the womb. So much has been written and said on surgical topics connected with our specialty, that the selection of a kindred subject seemed an ill requital for your kind invitation and indulgence. You will, therefore, pardon my effort to recall to your attention

*Read before the Mahoning County Medical Society, Youngstown, O.

this lowly cast-away, and lend a patient ear to this modest plea for its limited restoration.

Looking from the vantage ground of to-day, with its new pelvic pathology and its gospel of cleanliness, we can recognize the many mistakes of the past, among them the mischief done by the uterine sound—a mischief that is still being committed by those who have paid no heed to lessons recently taught. But were not our hands and fingers and instrumental aids, the surgeon's probe, the bougie and catheter and obstetric forceps also productive of sepsis and traumatism? Has not the new era accomplished a reform in our methods and manipulations? Is it fair to pitch out the uterine sound and condemn it because of the ignorant abuses of the past; without according it the same opportunities to improve that have been conceded to our no less guilty hands, fingers and other instruments? Guided by our knowledge of pelvic pathology and of the rules of asepsis, we claim for the uterine sound some uses in which it is indispensable as it is devoid of harm.

Three qualifications are essential to enable one to make proper use of the sound:

First, *the operator must have the necessary experience in bimanual palpation to approximately map out the conditions existing in the pelvic cavity.* Until this skill is gained, instrumentation is aimless, hazardous and unjustifiable.

Secondly, *he must be familiar with the possibilities of the instrument; its indications and counterindications.* With clean finger and gentle handling a person inexperienced in indagation may grope about the vagina harmlessly, but supplied with a sound he would do as much execution with a stick or a club. The fault is not with the tool, but with the mechanic. This division of our subject comprises the gist of the argument and is reserved for discussion in detail.

Thirdly. as in all other surgical procedures, *the hands of the operator and his instruments, as well as the field of examination must be septic.* This axiom requires no special emphasis at my hands to impress its importance.

1. THE INSTRUMENT.

I use what Munde calls the "stiffly flexible Simpson sound." It should be of heavy metal; aluminum is too light. The patient is placed in the dorsal position with buttocks on

the extreme edge of the table, knees and thighs flexed, and heels in stirrups. A careful bimanual examination is now made. If this prove satisfactory no instruments are used. If a sound is needed to complete the diagnosis, it is introduced through a bivalve speculum. The cervix is first wiped and washed by means of pledgets of absorbent cotton wet with antiseptic fluid. The sound, curved to correspond as nearly as possible to the previously ascertained direction of the canal, is dipped in the same fluid, then slowly and gently allowed to glide along the cervical canal propelled by its own weight, but directed through the thumb and two fingers. The handle will often describe an arc of 90° or more in adapting the sound to the curve of the canal. To facilitate this manœuvre it is sometimes necessary to depress the lower end of the speculum. Frequently it is of advantage to reverse the sound or deflect laterally a short distance, and then to direct forward. The introduction should be by degrees, as the folds or sinuosities and muscular resistance of the canal yield, and indicate the advance of the point. Force is just as much to be depreciated here as in the passage of the sound into the male urethra or bladder, or of the nasal catheter into the Eustachian tube. If the sound meet with an obstacle, it is due to a stenosis of the canal or to improper curve of the instrument. A stenosis, be the cause stricture, flexion, or tumor is best explored by a probe. No exact rule can be laid down as to the degree of curve to be given the upper end of the sound. In general, the normal position, or a forward displacement requires the greatest curve; the first degree of retroversion but a slight bend; a complete retroversion will best admit a straight sound, and a retroflexion requires a moderate backward curve.

1. INDICATIONS AND USE.

a. *To ascertain the degree of patency of the cervical canal; to explore the condition of the mucous lining of the cavity, and to measure the depth of the uterus.* Those who discard its use cannot point to a single symptom by which a stenosis can be demonstrated without sound or probe; nor can they help us discover the sensitiveness or hæmorrhagic tendency of the mucous lining; nor can they adduce other means by which an accurate knowledge of the size and shrinkage of the womb in subinvolution can be obtained. Furthermore, they cannot

assign any reason why the proper use of the sound should be especially calamitous, when the similar use of like instruments in organs even more sensitive is conceded to be most appropriate and surgical.

b. *To define the position of the womb in the pelvis and the relation of the cervix to the body when these cannot be accurately established by the bimanual.* The sound will clear the doubt in the case of a fleshy woman, through whose fat abdominal wall we think we feel the fundus, or fail to feel it. The sound will carry conviction in the event of non-agreement among consultants as to the status of the womb in the pelvis.

c. *To induce early abortion.* Experience has taught many of us how easily an unwitting use of the sound can bring on the discharge of an impregnated ovum. Following this cue I have used the sound within a few days after missed menstruation in cases in which a possible pregnancy was deemed inadvisable or dangerous. The sound is introduced to the fundus and allowed to rest in the uterus one or two minutes to induce imperceptible contractions. A reintroduction after a few days usually effects a safe discharge. I prefer to empty the uterus in one session by the rapid method when pregnancy is more advanced.

d. *To assist in replacing some cases of retroversion.* Reposition can be effected in most cases by bimanual manipulation. A patient who is very nervous, or one whose abdominal wall is very thick cannot be thus managed. The sound is here a valuable aid. It is introduced through the speculum, and held in place by the right hand while the speculum is being removed over it with the left. The left index finger is then placed into the posterior vault, pushing the fundus upward and forward while the handle of the sound is being depressed. The vaginal finger thus guards against injury and facilitates the replacement. While some might advocate the use of the repositor, I prefer the sound; the principle remains the same.

I would not recommend the sound where of doubtful utility, or where an anesthetic would better establish a diagnosis, or where the procedure might be attended with danger. For instance, in differentiating retroflexion from retrouterine tumors, or uterine polypus from inversion; or in efforts to locate interstitial fibroid in either wall in the presence of a tortuous canal.

3. THE COUNTERINDICATIONS AND ABUSE.

a. *The sound is not to be used where its presence would increase existing irritation or inflammation.* Hence it is to be avoided in acute pelvic disease; during the menstrual period; after missed period.

b. *It is not to be used where it might be the carrier of malignant or contagious disease.* Hence don't use it in epithelioma or gonorrhœa of cervix.

c. *It is not to be used in conditions in which it might produce a trauma.* Hence don't use it in cases of adherent uterus with diseased appendages, or in tumors or conditions which can be recognized without such aid. It is in the last class of cases (c) especially that "tinkering" has been followed by frequent mishaps and disasters. Our victims must often pay the penalty of our experience. We ought to see to it that this penalty be not excessive. It were far better we conceal our ignorance behind our fist than behind an arsenal. In this instance the instrument bag covers a multitude of sins The man who cannot outline a pelvic tumor, or diagnose a fixed uterus, or attempt to pull into position a cervix crowded to an extreme corner of the pelvis, never realizing the pathological mass that holds it there, must not carry his satchel to the bedside of his female patient. He will thus avoid the temptation to lay out his armamentarium. He will have a smaller number of sufferers from chronic invalidism, sepsis, peritonitis, or pelvic abscess. He will have fewer deaths.

Considering this former lack of familiarity with the pathology and the methods of physical diagnosis, and adding thereto the utter neglect of the principles of asepsis, is it a wonder that, impatient at the ignorance displayed and the havoc produced, our pioneers in abdominal work denounced the instrument that was the innocent perpetrator of some of this mischief, and relegated it to everlasting oblivion? I believe, however, with the new light dawning upon us, with the acceptance of the revelations of modern surgery, with the diffusion of this knowledge even among those farthest removed from laboratory and clinic, the time has come when we may rescue the much abused sound and re-establish it in its limited sphere without clashing with those who, in their righteous indignation, have broken the tablets but have not destroyed the law.

THE LAW.

1. Let none use the sound who have not the necessary experience in bimanual palpation to make an approximate diagnosis in pelvic disease.

2. Strict asepsis of hands, instruments and field of examination are enjoined.

3. A thorough familiarity with the technique is essential.

4. Use the sound only for necessary information concerning the inside of the uterus not otherwise obtainable; or to induce early abortion; or to assist in replacing a movable uterus in exceptional cases.

5. Don't use the sound when irritation or inflammation already present would be increased; or when it would be the carrier of disease products or germs; or when its use would be likely to cause injury to agglutinated adjacent organs; or lastly, when the information gained would be inessential.

Dr. Maude J. Frye was of the speakers at the banquet recently given by the alumni of the medical department of the University of Buffalo, N. Y. Dr. Frye referred to woman's sphere in medicine. Several women had been added to the list of alumni during the day, two of them, Miss Margaret S. Halleck and Miss Carro Julia Cummings, being among the ten graduates on the honor roll who had obtained an average mark of over 90 per cent. during their course.

Dr. M. Catherine Goodin, Class of '97, Cleveland College of Physicians and Surgeons, is very pleasantly located at Warren, Ohio, having an office suite on Market street, with an outlook over park and river.

Dr. Elizabeth Gable died near York, Pennsylvania, last week. Dr. Gable was graduated from the Woman's Medical College of Philadelphia, in 1890.

Pediatrics.

EDITH A. H. FYFFE, M. D., CHICAGO, EDITOR.

AN ALL AROUND TONIC—A REPORT OF CASES.

By Edith A. H. Fyffe, M. D., Chicago, Ill.

I have been using Zuma Anana in three cases with marked success; the first one, a man 78 years, who has for years suffered untold agonies with Gastric Catarrh. He says that nothing has done him so much good or been "so grateful" to his stomach as this pine apple wine. He takes it in tablespoonful doses four time a day; his appetite has improved and he sleeps better than he has done for years.

CASE 2.—I had a case of extreme vomiting of pregnancy. I had given the patient everything I could think of, and finally thought I would try the Zumo as a forlorn hope. The results were exceedingly gratifying; patient improved at once.

CASE 3.—Was a baby with Cholera Infantum. The Zumo was given as a tonic as soon as the acute symptoms had abated and was very successful.

THREE CASES FROM THE DAILY NEWS SANITARIUM REPORTED BY DRS. CAROLINE ALEXANDER, PERSIS WHITE AND ALICE LINDSEY.

A five months old baby was brought to the Daily News Sanitarium with the following history: It had been sick for two weeks with diarrhœa, four or five movements a day, (it was bottle fed) it had become suddenly worse, and when brought to the Doctor had a temperature of 107° This was at 9 p. m., and it was having the typical rice water discharges. No pulse could be felt, the respirations were very feeble and rapid It was at once put in a tub bath of 100° with an ice bag on its head, and given a tablet containing nitroglycerine $\frac{1}{100}$ gr., Tr. Strophanthus $\frac{1}{2}$ gr., Tr. Digitalis $\frac{1}{2}$ gr. Strychnine Sulph. $\frac{1}{100}$ gr. While in the bath it had 10 gills of brandy in liquid peptonoids, which was repeated in ten minutes for

Books.

A TEXT BOOK OF DISEASES OF WOMEN;—By Charles B. Penrose, M. D. Ph. D. Illustrated. Published by W. B. Saunders, Philadelphia. Price $3.50 net; 500 pages.

This book is written for the medical student, and presents the best teaching of modern Gynecology. This work work differs from most text books in giving but one plan of treatment, in most instances; in this way it is not confusing to the medical student. Anatomy, Physiology and Pathology as generally given in text has purposely been omitted. Methods of operation are very concise and one cannot fail to be able to camprehend.

Injuries to the perineum and the illustrations of the operation are very valuable to the student as well as the physician. The illustrations throughout the book have not been equalled in any text book.

This work cannot fail to be welcomed by every student of medicine The text is plain and the book is substantially bound, and the publisher is to be congratulated. L. G. T.

THE MENOPAUSE.—A consideration of the phenomena which occur to women at the close of the child-bearing period, with incidental allusions to their relationship to menstruation. Also a particular consideration of the premature (especially the artficial) menopause. By Andrew F. Currier, A. B., M. D., New York City. Published by D. Appleton & Co., 1897, New York. Price $2.00.

The Menopause fills a much needed vacancy in the physicians medical library, as there has been nothing new on the subject of so much importance to womankind since Tilts book entitled "The Changes of Life.

The doctor classifies the change into the following: First, normal; second, troublesome; third, severe; fourth, serious. The chapter devoted to anatomical changes is concise and to the point. The chapter devoted to the Premature Menopause was not considered by Tilt and others who have written upon it, for the very good reason that such a short to cut the menapause was never heard of by them.

The author of the Menopause has given the subject care-

ful thought and has succeeded in treating "those who are not sick, but think they are." with gentleness but firmness.

The publishers judgment was good in the selection of large type and good paper. L. G. T.

Every one who cares for children, and who does not, will be interested to know that another volume is about to be added to our rapidly growing pediatric literature. The Medical Gazette Publishing Co., announces a book "About Children" to be issued in September. It is written by Dr. Samuel W. Kelley, Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons. As Pediatrist to the Cleveland General Hospital, his course of six lectures in the Hospital Training School, met with such marked approval that it was decided to publish them in book form.

IN PREPARATION FOR EARLY PUBLICATION.

W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

AN AMERICAN TEXT-BOOK OF GENITO-URINARY AND SKIN DISEASES.

Edited by L. Bolton Bangs, M. D., Late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital; and William A. Hardaway, M. D., Professor of Diseases of the Skin, Missouri Medical College.

AN AMERICAN TEXT-BOOK OF DISEASES OF THE EYE, EAR, NOSE, AND THROAT

Edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology in the Jefferson Medical College; and B. Alexander Randall, M. D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

MACDONALD'S SURGICAL DIAGNOSIS AND TREATMENT.

SURGICAL DIAGNOSIS AND TREATMENT. By J. W. Macdonald, M. D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and of Clinical Surgery, Minneapolis College of Physicians and Surgeons.

ANDERS' THEORY AND PRACTICE OF MEDICINE.

A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By James M. Anders, M D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

SENN'S GENITO-URINARY TUBERCULOSIS.

TUBERCULOSIS OF THE GENITO-URINARY APPARATUS, MALE AND FEMALE. By Nicholas Senn, M. D., Ph. D., LL. D., Professor of Surgery and of Clinical Surgery, Rush Medical College, Chicago.

PENROSE'S GYNECOLOGY.

A TEXT-BOOK OF GYNECOLOGY. By Charles B. Penrose, M. D , Professor of Gynecology, University of Pennsylvania.

HIRST'S OBSTETRICS.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania.

MOORE'S ORTHOPEDIC SURGERY.

A MANUEL OF ORTHOPEDIC SURGERY. By James E. Moore, M D., Professor of Orthopedics and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery.

HEISLER'S EMBRYOLOGY.

A TEXT-BOOK OF EMBRYOLOGY. By John C. Heisler, M. D., Prosector to the Professor of Anatomy. Medical Department of the University of Pennsylvania.

MALLORY AND WRIGHT'S PATHOLOGICAL TECHNIQUE.

PATHOLOGICAL TECHNIQUE By Frank B. Malloy, A. M., M. D., Assistant Professor of Pathology, Harvard Medical School; Assistant Pathologist to the Boston City Hospital; and James S. Wright, A. M., M. D., Instructor in Pathology, Harvard Medical School; Pathologist to the Massachusetts General Hospital.

NEW VOLUME IN SAUNDER'S AID SERIES.

SUTTON AND GILES' DISEASES OF WOMEN.

DISEASES OF WOMEN. By J. Bland Sutton, F. R. C. S., Asst. Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London; and Arthur E. Giles, M. D., B. Sc. Lond., F. R. C. S. Edin., Asst. Surgeon, Chelsea Hospital, London.

SINCE BABY CAME.

Since baby came
The birds sing a brighter, merrier lay,
The weary, darksome shades have fled away,
And night has blossomed into perfect day
Since baby came.

Since baby came
The world is joyful and the home life sweet,
And every day with brightness is replete,
And time speeds by on swift and lightsome feet
Since baby came.

Since baby came
Dark, grim-faced sorrow is replaced by mirth,
At last I realize life's precious worth,
And far-off Heaven seems very near to earth
Since baby came.

FLORENCE CATHERINE BAIRD, in September *Ladies' Home Journal.*

DIGESTION AND DIGESTIVE FERMENTS.

To the casual observer and thinker, it may seem that the subject of digestion and digestive ferments, both natural and artificial, has been exhausted, and that with our present knowledge of both, we have reached the acme of knowledge and perfection in both, and that the best possible results are now being obtained. Yet, if the question were put to-day, "What is the great desideratum?" doubtless the reply "A better and more general corrective and digestive" would be the demand paramount. We feel that this demand has been satisfied by the introduction of ELIXIR MALTOPEPSINE (Tilden). Everywhere, leading medical men of the day, who are desirous of using only the most efficient therapeutic agents obtainable, are prescribing Elixir Maltopepsine (Tilden) in all ailments arising from faulty digestion. This is far in advance of all other preparations, in the treatment of Cholera Infantum, and all forms of Summer Complaints with children. It is very palatable, and acts in all conditions of the stomach.

IT QUIETS PAIN AND PROMOTES IT.

Rather a paradoxical statement. True, nevertheless. When pain is useless, then antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of antikamnia in the pains of labor and as a promoter of labor pains.

H. C. Reemsnyder, A. M., M. D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of antikamnia, repeated in two hours, if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm and labor is accelerated.

Dr. R. B. McCall, Hamersville, Ohio, contributes an article on this same subject. He says: "In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forbodings, one or two doses, five grains each, of Antikamnia Tablets, promptly change all this. Indeed in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

CAREFULLY PREPARED.

Taka-Diastase is now marketed in three forms—in Powder, in ¼-, ½- and 1-ounce vials; Capsules, 2½ grains each, in bottles of 25, 100 and 500; and liquid Taka-Diastase, 8-ounce bottles only, 2 grains of ferment to each fluid-drachm.

In a recent circular Messrs. Parke, Davis & Company state: "We have introduced Liquid Taka-Diastase to meet the demands of those who object to both powders and capsules. In order to satisfy such patients, we know of several instances where solutions have been prepared extemporaneously, but with medicaments or vehicles with which Taka-Diastase is incompatible. Of course, failure in such instances was unjustly attributed to Taka-Diastase. Liquid Taka-Diastase will in future, however, most satisfactorily take care of all such cases.

"Under no circumstances should Taka-Diastase be massed. It should be administered either in powders, in capsules, or the liquid form, and during er immediately after meals."

If not already familiar with Taka-Diastase write the manufacturers at once for monographs, reports of cases, reprints of articles, etc. Taka-Diastase is certainly the remedy in amylaceous dyspepsia.

WITHOUT A PEER.

BIRMINGHAM, ALA., JUNE 12th, 1897.

RESNOL CHEMICAL CO., Baltimore, Md.

GENTLEMEN:—I wish to say a few words of highly deserved praise in reference to your wonderful preparation, Unguentum Resinol. I have had the most flattering success with it in my practice in the treatment of Pruritus Ani, Itching Piles and also in allaying the intense itching and burning of Eczema. I have found it superior to any preparation of its kind that I have ever used, and I think it stands without a peer as an antipruritic and sedative. I could relate many interesting cases in which I have used Unguentum Resinol. I trust that all my professional brethren will use this valuable preparation whenever it is indicated.

Yours most respectfully,

A. L. SCOTT, M. D., Ph. G.

A HIGH GRADE INSTITUTION.

A school which we can heartily recommend to all practicing physicians who desire to take a post-graduate course in the eye, ear and similar specialties is the Chicago Eye, Ear, Nose and Throat College, in the Trude Building, Chicago. This institution is under the direction of a faculty which consists of the best known medical men in this line of work in the West—men constantly engaged in hospital practice, treating the most complicated cases, performing the most delicate operations.

Physicians who attend this school are given plenty of practical as well theoretical work. The hours of instruction are from 9 a. m. to 6 p. m.

A NOURISHING FOOD.

DR. E. S. RAY,
2030 N. 21st St. PHILADELPHIA, PA., April 17, 1897.

THE IMPERIAL GRANUM CO.,

DEAR SIRS:—In reply to your letter, I have often prescribed the Imperial Granum for my patients, and found it a supporting and nourishing food, and can highly recommend it as a convenient and wholesome preparation for Invalids and Children.

Thanking you for the samples which I received and trusting that your effort in that line will meet with much success,

Respectfully yours,
ELIZA S. RAY.

SANMETTO A STANDARD MEDICINE.

I have had occasion to use a considerable quantity of Sanmetto in bladder and urethral troubles, and have so far invariably found it equal to the occasion. It is assuredly as much a specific for the various ailments of the bladder and its appendages as quinine is for ague. That is saying a great deal—but it is true. Sanmetto is certainly a standard medicine, and deserves every confidence of the physician. I shall continue to use it in my practice with perfect confidence in its great merit.

Lockland, Ky. JAS. T. ATKINSON, M. D.

OTORRHEA.

W. C. Frederick, M. D., Lono, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who had been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kennedy's Extract of Pinus Canadensis to for drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

DISPELS UNWHOLESOME ODORS.

Regarding sickroom disinfection and deodorization we quote as follows from *The American Medico-Surgical Bulletin:* "Platt's Chlorides not only assists in purifying the atmosphere and removes unwholesome odors, but it differs greatly from many antiseptic solutions in not disseminating an unpleasant smell itself. It is said to be useful in pathological conditions of the mouth and throat."

TAKE A LAKE TOUR TO ISLAND OF COOL BREEZES.

Go to Mackinaw Island, Mich., via. the Coast line. The D. & C. new steel passenger steamers leave Toledo, Mondays and Saturdays, 10:30 a. m., and Tuesdays and Thursdays, 4:30 p. m. From Detroit, Mondays and Saturdays, 11:00 p. m., Wednesdays and Fridays, 9:30 a. m. Send 2 cents for illustrated pamphlet. Address A. A. SCHANTZ, G. P. A., Detroit, Mich.

Extracts from a letter received from Dr. Herman E. Pearse, editor Kansas City *Medical Index*, and a prominent practitioner of that city, July 16th, 1897, says:

Campho-Phenique, Campho-Phenique Powder and Campho-Phenique Gauze are always on my dressing takle at my clinic room. Always in my cabinet at my private office, and always in my satchel for outside work. The reason for this, if asked, is simply because they do their work well, and constitute an ideal dressing outfit.

The Woman's Medical Journal.

VOL. VI. SEPTEMBER, 1897. NO. 9.

A CASE OF DEFECT IN THE VENTRICULAR SEPTUM AND STENOSIS OF THE PULMONARY CONUS IN A MAN THIRTY-TWO YEARS OLD.

By JOSEPHINE E. YOUNG, M. D.,
Interne in the Cook County Hospital, Chicago.

A PATIENT 32 years of age entered Cook County Hospital, Chicago, October 2, 1896, with evidences of an acute febrile disease. He gave the following history: When two years old a consultation of physicians was held—the child always having been so delicate that it was necessary to carry him about on a pillow, at that time being very poorly nourished and developed, unable to walk, and having at frequent intervals attacks of marked cyanosis. The consultants told his mother that he could not live to maturity. At the age of seventeen Professor Lyman of Rush Medical College, demonstrated the case in his clinic as one of cardiac disease. During his entire life, upon marked exertion or excitement, the patient had attacks of pronounced cyanosis.

Upon entrance to the hospital physical examination revealed the following; General development and nourishment good; clubbed finger-ends; color ruddy; no evidence of cyanosis at this time. The pulse was full and regular, later becoming irregular and distinctly subungal. *Heart:* percussion—relative dullness; *right border* to the right of the right sternal line; *base*, third rib; *left border*, left mammary line. There was increased dulness when the patient leaned forward. One month later the dullness extended two centimeters to the left of the left mammary line. There was distinct fremitus over the entire præcordia; the apex beat was strong and regular. One month later there was marked arrhythmia. A very loud systolic murmur could be heard over the entire thorax, anteriorly and posteriorly, the maximum intensity being at the junction of the third rib with the

left border of the sternum. The murmur was heard very distinctly along the entire left sternal border. There was no accentuation of the second pulmonic tone. Notwithstanding the fact that for eighteen days the temperature remained at or near 103° there was never any cyanosis. The urine was negative, both as to albumen and morphological elements. Other findings bear no especial relation to the cardiac lesions, the diagnosis of the acute disease halting between acute endocarditis and typhoid fever. Dr. James B. Herrick at this time made a diagnosis of congential heart disease.

The patient was discharged November 24, 1896, after recovery from the acute attack. December 12, 1896, he reentered the hospital with facial erysipelas.

The heart and lung findings were as before. In a few days, with a temperature of 104°, cyanosis became a marked feature. The heart was very arrhythmical, the pulse correspondingly irregular and compressible. The spleen extended five centimeters below the left costal arch in the mammary line. Examination of the urine showed albumen in rather large amount, and granular casts. The extremities were not edematous. Two days before death the dyspnea was extreme and repiration was increased to fifty-two. The patient's critical condition and constant right decubitus prevented a thorough examination of the right lung, which latter showed evidences of pneumonia. He was rational throughout.

Death occurred January 12, 1897, after one month's illness, during which time the temperature was frequently 104° and 105°.

The clinical diagnosis was: facial erysipelas, acute splenitis, nephritis, pneumonia (?), general septic infection, and congenital heart disease.

The autopsy was made by Dr. Ludvig Hektoen, January 18, 1897.

Anatomical diagnosis: healed facial erysipelis, lobar pneumonia, embolic abscess in the left lung, acute plenic tumor, chronic and acute nephritis, chronic grastritis, pigmented Peyer's patches, hypertrophy of the heart, chronic and acute endocarditis of the tricuspid and pulmonary valves and the walls of the right ventricle, stenosis of the pulmonary conus, and congenital defect of the ventricular septum.

The bacteriological examination of the organs in the

laboratory of the Cook County Hospital showed staphylococci pyogenes albus and citreus to be present everywhere.

The cardiac findings more particularly are the following: The hypertrophy was rather marked; the heart weighed four hundred grammes; the apex was composed equally of the right and left ventricles; the wall of the right auricle measured four millimeters in the thickest part, that of the left auricle three millimeters; the wall of the right ventricle averaged one centimeter in thickness, that of the left ventricle one and one-half centimeters. The circumference of the aorta at the valves was five and seven-tenths centimeters; that of the pulmonary artery was five and four-tenths centimeters. The ductus Botalli was closed. The arrangement of the pulmonary artery was normal; that of the aorta, which communicated only with the left ventricle, was normal also. Four centimeters below the upper margin of the pulmonic semi-lunar valves there was a stenosis of the pulmonary conus, due to fibrous tissue. The lumen of the conus measured one centimeter in its longest diameter. The foramen ovale was patent, admitting a lead-pencil through its orifice; a sickle-shaped valve covered it. Directly below the semi lunar valves of the aorta there was a defect in the ventricular septum, which measured two and six-tenths centimeters in the horizontal diameter and two cemtimeters in the vertical diameter; this defect corresponded to the septum membranaceum, or undefended space, the last part of the vetricular septum to close, composed normally of a thin layer of fibrous tissue covered with endothelium. The pulmonary valves were thickened. The free margins of the posterior segment were covered by large polypoid vegetations; these sprang also from the ventricular surfaces of the valves and from the wall of the pulmonary artery. The free margins of the tricuspid valve were thickened; here there were distinct polypoid vegetations. The orifice admitted four finger-tips easily. The right auricular appendix showed some irregular masses. The aortic valves were free from thickening. The aorta showed no atheroma. The mitral valve was normal, admitting four finger-tips snugly. The myocardium, except at the stenosis of the conus, was normal. Microscopically, the striæ and nuclei of the fibers were normal, but there was a general segmentation.

The clinical diagnosis of congenital heart disease was

based upon the history, the cyanosis, hypertrophy of the right heart, position of the systolic murmur, and thrill at the junction of the left third rib with the sternum, the intensity and wide-spread transmission of the thrill, and the weak second pulmonic tone.

As to the formation of the lesions, Framtzel, Bamberger and Oppolzer support the Hunter-Morgagni theory: A myo- or endocarditis occurring before the eighth week of fetal life is the cause of the stenosis of the pulmonary artery or its conus. This greatly increases blood-pressure by preventing the proper escape of blood from the right ventricle, the blood necessarily forcing its way into the left ventricle through the undeveloped septum. If the opening in the septum is sufficiently large, blood-pressure in the right heart is compensated for—there may be no opening of the foramen ovale. If not large enough, there will be hypertrophy and dilatation of the right ventricle, stasis in the right auricle, with passage of blood through the foramen ovale which remains patent.

The case is of interest not so much because of its rarity as from the following points: The patient had reached the age of 32, was a strong, well-developed man, doing the ordinary heavy work of a laborer; had passed through an acute febrile attach of eighteen days' duration without any evidences of cyanosis; had resisted for a month profound erysipelatous tuberculosis, a condition frequent in these cases, owing to the diminished supply of blood sent to the lungs.

TREATMENT OF MELANCHOLIA WITH OPIUM.

By LILLIAN J. NUCKOLLS, M. D.,
Assistant Physician Illinois Central Hospital for the Insane, Jacksonville, Ill.

MUCH has been said concerning the use of opium in the treatment of melancholia. Some condemn the drug, while others are loud in its praise. Dr. Clouston, the eminent Edinburgh physician, says: "Opium in the treatment of melancholia I utterly disbelieve in." while Dr. Spitzka, who is regarded as a neurologist of great authority, says: "Opium is the most generally

useful of all drugs in insanity. It has a direct influence on the mind, antithetical to the painful emotional state of melancholia, and to the persecutory delusions of monomania." I have had, during my service at the Illinois Central Hospital for the Insane, a large number of melancholics for treatment, as the majority of our patients are subjects of melancholia or of mania. With the experience that I have had in the treatment of these diseases, I feel confident that opium is the drug, par excellence, in the treatment of motor or excited melancholia. I have had the best results with deodorized tincture of opium, giving it in doses of from fifteen to twenty minims, gradually increasing until the maximum dose of forty or sixty minims is given three or four times a day. Occasionally there are cases in which it is necessary to repeat the drug oftener, say fifteen minims every two hours.

As a rule these patients are debilitated, and I usually put them upon tincture of nux vomica. Wholesome food, fresh air, and exercise are necessary. While it is a fact that opium is constipating, I have had no serious effects from the use of it in my cases. Insane women, like the most of the sex, are habitually constipated. I append notes of three cases of excited melancholia, in which I gave the deodorized tincture of opium with good results.

CASE 1.—Mrs. L. C——, aged twenty-eight, was admitted to this hospital March 6, 1896. Duration of attack at the time of admission, six months. A few days previous to coming here, she attempted suicide by saturating her dress with kerosene and igniting it, the result being a large burn on her chest and neck. The patient on entering was very melancholy, being constantly tortured with the idea that she was to die in some horrible way, either by being burned, hanged, or smothered. She cried and walked the floor, wringing her hands, declaring that she was unworthy to live, yet feared to die. Physically she was not in good health. She was put upon the deodorized tincture of opium in doses of twenty minims each, four times a day, gradually increasing the dose until forty minims were taken at a dose. In a few days she became more quiet, slept better, and her appetite improved. Opium was decreased slowly, until by the middle of April it had been entirely withdrawn. The patient was cheerful. June 27, 1896, she was discharged from the hospital re-

covered. She gained twelve pounds in weight while here. No other drugs were given, except a sleeping remedy for the first ten days.

CASE 2.—Mrs. J. T——, aged thirty-three, admitted March 3, 1896. Insane one month. She was very much disturbed, imagined her children were being destroyed, cried and worried continually, would stand and weep for hours if allowed to do so. She was put on deodorized tincture of opium in twenty minim doses, gradually increased. She became more quiet; after a month the opium was discontinued. The patient was discharged June 1, 1896, apparently recovered.

CASE 3.—Mrs. B——, aged thirty-eight, admitted July 6, 1896. At the time of admission the patient weighed seventy-six pounds. She was very weak and emaciated, and had been insane nine months before she was committed to this institution. She attempted to drown herself two days before entering. She insisted that she had no stomach; that all the viscera, in fact, were absent; thought herself to be the devil, and believed she would defile all with whom she came in contact. It was necessary to feed her by means of the stomach tube. I began with the opium and increased to doses of sixty minims t. i. d. The medicine was discontinued at the end of ten weeks. The patient was sent home December 14, 1896, recovered, having gained fifty-four pounds.

While I do not say that opium is a panacea for all cases of melancholia, I do believe that in the agitated form it is the best remedy we have.

SUMMER DIARRHOEAS OF CHILDREN.

By JANE L. HERSOM, M. D., Portland, Me.

THERE have been fewer cases than usual at this season of the year, in Portland, and judging from the lack of articles in the current medical journals opon gastro-intestinal troubles, other cities are enjoying a similar immunity.

Perhaps this is due to the fact that there have been no long continued periods of extreme heat.

That heat plays an important part in the development of the germs and ptomaines which produce summer diarhœas, is shown by their improvement as soon as the temper-

ture lowers, and also by the fact that in those parts of the country where the temperature never rises higher, as in the western part of the state of Washington, such troubles are very rare.

As is well known, gastro-intestinal disease is far more frequent in bottle-fed children than in those nursed by the mother, owing to the difficulty of finding the right artificial food, which the child can digest and assimilate.

Our success in one case is not at all a guaranty that the same means will be suited to the next one. Each case must be individualized.

If mothers and nurses would watch the stools of each child daily for the first two years of its life, and upon the slightest departure from normal, lessen the amount or frequency of its food for a day or two, and if the feces still gave evidence of imperfect digestion, call the family physician to advise how to prevent real illness, instead of waiting until the child is palpably ill, the death-rate from gastro-intestinal disease would be remarkably lessened. But it is not until baby is really ill that the doctor is usually called because from lack of watchfulness, it is not till then that the mother realizes the need.

The regulations of the diet is, of course, one of the most important indications. It is frequently necessary in the bottle-fed infant to take away milk in every form, for from twelve to twenty-four or even forty-eight hours, giving instead albumin water, made by *stirring*, not heating, the white of an egg into ℥viii of sterilized and cooled water, fresh beef juice, and broths, not forgetting that a little judicious fasting is often of great advantage, overfeeding being the most frequent cause of gastro-intestinal troubles.

Elimination. We must not allow the accumulation of intestinal debris, fermenting material producing self-poisoning. The offending, decomposing intestinal contents must be swept out and the alimentary tract disinfected. Sometimes a dose of castor oil will accomplish the former better than other means. Sometimes small doses of calomel, rhubarb and soda, or calomel, ipecac and soda taken at intervals till the character of the stool is improved will be preferred. Either method must be followed up by antiseptics. Bismuth subnitrate is valuable being also astringent. Creosote is an admirable antiseptic, but not all children will take it readily.

Arsenite of copper gives good results, Waugh has firm

faith in the superiority of the sulpho-carbolates as intestinal antiseptics, especially in cholera infantum. Hydrogen peroxide (Marchand) is a good disinfectant. Each practitioner has his favorite formula

The little patient often gets great benefit and relief from flushing or irrigating the bowel, preferable with a boric acid solution and rarely objects after the first experience. This is easily accomplished by attaching a soft rubber catheter to the nozzle of a fountain syringe. The temperature of the solution should be 100° F. unless there is much fever when a lower temperature is better. If collapse be present use a higher temperature than 100° F. Irrigation in addition to the local effect quiets the nervous system, and enough is absorbed to aid in flushing the kidneys.

Mercuric chloride one part in ten thousand is recommended, but, if used should be followed by irrigation with warm water.

Having succeeded in emptying, and at least partially sterlizing the alimentary tract we may very gradually resume milk diet., which during hot weather must be sterilized

While sterlizing the food has certainly lessened infant mortality, it is not wise to do so in cold weather if the child is healthy and especially if milk can be procured fresh twice daily, for it must not be forgotten that the long continued use of sterilized food has not infrequently produced a condition of scurvy.

This disease is found more often among the children of the well-to-do, who use proprietary foods and are especially careful to sterilize them and the milk.

The children of the poor who are not so watched and guarded, and who often share the family table have diseases of the intestines but not this particular form.

It is often necessary to partially predigest the food for a time.

It will be noted that we use but little medicine in cases of gastro-intestinal disease.

It is not drugs so much as perfect hygiene that is needed and success depends very largely upon attention to details, details which appear small, but whose sum is of vital importance. There must be the most scrupulous cleanlines in everything connected with the preparation of the food, careful daily bathing, suitable clothing, abundant fresh air and sunlight.

It would seem superfluous to object to rubber tubes in connection with infant feeding bottles, but as they are still on the market it is to be feared that there is some demand. They are relics of days of ignorance, no effort can keep them aseptic. Whenever possible, milk, modified to suit the child's need, should be used in preference to any of the proprietary foods.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. *Single Copy 20 Cts.*

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editorr Women's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy s sent. a to number desired. Seventy-five will be furnished gratis to those desiring them

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

AN EPIDEMIC OF APHASIA.

THE season of medical conventions is once more with us and we note with pleasure the very comprehensive program of the Mississippi Valley Medical Association which is to be held at Louisville, Ky., the fifth, sixth, seventh and eighth of next month (October).

It will be good to be there, but we regret the absence of women's names from the program, and are sorry that a few of our representative women did not see it in their way to prepare a paper for this meeting.

We seemed to be afflicted with aphasia the moment a meeting is announced. A notable woman physician said recently in talking of her sisters in medicine:

"There is one quality which more than any other makes for success in certain lines of medical work. It is the type of courage more or less common to all men, rarely found in women—the courage which dares."

The courage which dares to speak—to sound the timbrel of personal experience, for no man, no woman can practice medicine without experience. Self depreciation is no more

laudable than self esteem, and the timidity of the former will in the long run do the individual much harm.

We are largely rated at our own valuation, the coy and shy manner may be very attractive but it is not business, and the profession of medicine in a large degree partakes of this element. It is our business, since by it we earn our living; it is our calling, since with it we assist to bear our share of the world's burdens; it is our profession, because we chose to make it so, and having made it so, it is not right to hide our experiences within ourselves. The profession of medicine is more than any other profession reciprocal, those who practice it are interdependant, each on the other, and all available light is needed, ahd the women, no more than the men, have any moral right to withhold the smallest ray.

WHAT TEN YEARS HAVE DONE.

THROUGHOUT these summer months we have all been more or less perplexed with the infinity of the moods of the weather man. He has been as false to his prophesies, as he has been fickle with his seasons and that is saying a good deal. The result is apparent in the large amount of sickness which prevails, but fortunately a clearer comprehension of the causes of these conditions, and more intelligent therapeutical measures leads to better results in treatment, so that the fall is robbed of much of its fatality. This happy condition is largely due to the untiring efforts of our pharmeceutical and chemical friends who have in no small degree changed the pharmacopeia from a collection of unpalatable nostrums, carelessly prepared and of uncertain value, to a line of elegant pharmeceutical preparations with a precise value and a standard of potency, that ten years ago would have been deemed almost miraculous.

A glance through the advertising pages of this journal will demonstrate the truth of what we say. Suppose you

turn to the cover page there you will find the scales showing the value of "Caroid and Charcoal" —its relative value—it is full of suggestions. Then over the page is an introduction of Schering's Betanaphtol-Bismuth—it is worth reading about for it is new. "Salophen" confronts us on the next page—a German product of undoubted value, yet new to this decade. Antikamnia is also of this decade but it as fixed in its value as a pole star and just as reliable, as also, is Bromidia —now one of the standard preparations.

Advance in therapy means also advance in details and a sterlizer is now a household necessity and Arnold's the simplest of all.

An elegant preparation and a very dependable one is Elixir Maltopepsine and like Peptenzyme is much in demand during the changeful days.

On the next page the Alta Pharmacal Co., talk about their trinity of therapy, and its worth reading—all new.

Over the index of this journal you will always find Tar Soap (Packer's) if you are not familiar with it, get a cake and try it.

From the correspondence one would judge that the whole profession was using Sanmetto, and as a fact, they cannot find anything better..

From France comes Colchi-Sal and the kindred preparations that are so familiar to us all—and following it the eye notes the excellent pineapple wine called Zumo-Anana.

Asepsis and Hydrozone are words so currently used in connection that each explains the other. while Pepto Mangan on the next page tells the story of building up the waste tissues—ten years ago, who knew of them?

Cod Liver Oil is as old as the hills and brings a retrospective shudder with its name—that is, it did until Scott's Emulsion banished the cause for shudder. Resinol is a new skin anesthetic that cannot be dispensed with—a product of these days, and so also Platt's Chlorides which speaks from the same page.

Vin Mariani—that delicious wine of coca, that does so much to alleviate that tired feeling—who of our grandfathers dispensed Vin Mariani? and who of them knew of Imperial Granum and Eskay's Albumenized Food—that infant food, is giving such good results.

Pulmonary tuberculosis, our scourge of the nineteenth century has stirred the chemist to greater efforts and Mr. Killgore in his Mistura Creosote Comp. has combined an elegant and palatable preparation and one that can be retained by the patient.

We do not wish to become tiresome in this matter but we cannot close without calling your valued attention to a few more facts. Sedatives a few years ago were most uncertain quantities but we have in Peacock's bromides a standard sedative of fixed value, another standard preparation is Catina Pillets for abnormal heart action.

One of the new factors in tonic affects during the past few years has been the introduction and preparation of Malt Extracts. The best is "Braunschweiger Mumm" and it is always reliable.

Ten years ago, Haemotherapy was an experiment with most intangible results, to-day—with the assistance of Bovinine it is an indisputed factor and of praved merit.

On the next page is the notice of the Phenique preparations—valuable therapeutic aids and of undoubted potency, as are also Wheeler's tissue phosphates, a Canadian preparation.

Gynecology has now almost become a profession in itself and every woman is supposed to be a specialist in it, whether you think you are or not, the woman who comes to the office thinks so. Hence Wm. R. Warner & Co.'s products are very familiar.

Increasing civilization, means increasing nerve tension and Celerina is a most potent tonic for exhausted nerve conditions and in the past few years has fully demonstrated its worth.

Turning the page, and we are now in the back form, we find the old reliable Hayden's Viburnum Compound—which though in use many years is ever new in its excellent effects; following it comes the card of Phenalgin a stimulant, analgesic and antipyretic, a late chemical combination.

On the next page we see in black letters the familiar Dioviburnia, a powerful uterine tonic.

Closing the book, binding all these things in, as it were, comes Listerine, truly a standard of antiseptic worth, and as a fitting finale to this grand procession of good things comes Parke Davis & Co.'s announcement of Taka-Diastase, the new remedy for dyspepsia.

And now we are at the end, and we think have proved and doubly proved the fact that the face of our therapy and materia medica is changed. To close our eyes to these facts is ruinous and equally so closing our eyes to the announcements in the advertising pages, wherein are helps that cannot be neglected.

The best tools are none to good, and the newest discoveries are none to valuable. The successful practitioner today is the one who is thoroughly up-to-date in everything pertaining to the profession of medicine. Current medical literature is the *vade mecum* through which success comes.

SOME SENSIBLE REMARKS*.

By Dr. Maud J. Frye, Buffalo, N. Y.

I WISH to present to you to-night some thoughts concerning woman's place in medicine; the limit of her work, the line which she will oftenest follow.

Whether we like to confess it or not, woman's physical organization necessarily sets a limit to her achievements. The women of Colorado who propose to serve in the National Guard of that progressive state, will probably remain to the end as they have been from the beginning, a home guard. In

*Remarks of Dr. Maud J. Frye at the banquet of the Alumni Association of Buffalo University Medical College, April 27, 1897, to the sentiment "Me judice".

reckoning the chances of woman's success when she comes into competition with man, the physical factor has always to be taken into account. That medical work which makes the least demand on woman's physique is, other things being equal, that in which she will best succeed.

It is, however, concerning a feature of woman's mental equipment for work in medicine that I wish especially to speak. I do not expect many of you to agree with me, yet I ask you to think on these things. We must acknowledge between the average man and the average woman an unlikeness of mental capacity comparable to their physical unlikeness, a sex in mind, if I may use the term. This is not equivalent to saying that man is superior to woman. There is equality with diversity. The elm is not better than the oak, nor the oak than the elm, but each is good of its kind. There are mental processes which are identical in the sexes, there are others which may oftentimes give advantage to the woman in the work of the physician. Does the woman's way of seeing and doing ever handicap her? Let us try to answer the question.

There is one quality which more than any other makes for success in certain lines of medical work. It is the type of courage more or less common to all men, rarely found in women—the courage which dares. It is the courage of the soldier, and the explorer. It is the courage which makes possible the great surgeon.

On the other hand, through all time woman's genius has given this character to her work, that it has not turned to great deeds but has contented itself with the humbler, often holier, tasks of the home, the school-room and the sick chamber. Her courage makes possible trained nursing, and in the Christian world is the right arm of the church. It is the courage whose other name is patient endurance.

In the early days when the woman who began the study of medicine was of heroic type, her success was assured from the beginning, for the courage which dared to commence the struggle was equal to any hardship or any emergency which arose later. She has opened the way for the woman of average ability, the woman who but for her pioneer work would be teacher or nurse. The average woman has not, as a rule, the daring of an Elizabeth Blackwell. The test of fitness for medical work which college and early professional life gave

the one is denied the other, and the open door to medicine is not altogether gain.

The lack of daring does not make a physician less trustworthy, nay rather she may be more worthy of trust, but the lack does not work to her material advantage. There are departments of medicine, notably bacteriology, for which not only woman's type of courage, but her whole manner of training, from her youth up, should eminently fit her and in such work as this I believe she will excel. But the woman who gains wealth and fame in the practice of general medicine or of surgery will be the woman who possesses, without necessarily losing anything of her outward womanliness, the masculine type of courage. She will be the woman who would rather be wrong than not try. The average woman would rather not try than risk being wrong.

There is a special message which I wish to give to the young women receiving their diplomas tonight. It is concerning your work among women. Whether you intend to be a gynecologist or not, every woman who enters your office expects you to be. Setting aside your right to do whatever you can and desire to do, the fact that women wish women physicians is the only reason for your being such. You will come to feel later the great power for good—not altogether in a professional way, but as friend and counselor—which is yours, for the good woman who is a good physician has before her, in teaching to her sex right ways of living and true views of life, a work which will bring satisfaction to heself and blessing to others.

To the end of time there is to be marrying and giving in marriage, and except for the woman of unusual talent wifehood and motherhood are of themselves a vocation. Because of this and because other occupations demanding less of her physically and mentally and offering quicker success are open to woman, the number of women physicians will always be few. Yet whether we ever occupy a great place in medicine or not, a place is ours. We are better women for the knowledge of humanity which our work has given us. May we not hope that humankind will be the better, too, for our having wrought!

"All service is the same with God—
To God, whose puppets, best and worst,
We are; there is no last nor first."

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Arrangements are now about completed for the meeting of the Association at Louisville on October 5, 6, 7, 8, 1897. The different passenger associations have granted a round-trip rate of one and one-third fare on the certificate plan. The sessions will be held at the Liederkranz Hall, and the headquarters will be at the Louisville Hotel. The followiug are among those whose papers have been accepted:

J. B. Murphy, Chicago, "Address on Surgery." J. V. Shoemaker, Philadelphia, "Address on Medicine." I. A. Abt, Chicago, "The Nature of Croup Following Measles." J. C. Ayers, Cincinnati, "Further Observations in the Use of Hydrogen Dioxide in the Treatment of Blepharitis Marginalis." W. F. Barclay, Pittsburgh, "Milk; Its Production and Uses." J. F. Barnhill, Indianapolis, "Regarding Hypertrophied Faucial Tonsils." J. M. Batten, Pittsburgh, "Report of Five Cases of Heart Disease." J. K. Bauduy, St. Louis, "Some New Thoughts in the Treatment of Locomotor Ataxia." A. C. Bernays, St. Louis, Paper. A. F. Bock, St. Louis, "The Surgical Treatment of Basedow's Disease." John Young Brown, St. Louis, "Some remarks on Appendicitis." Sanger Brown, Chicago, "Some Anomalous Conditions of the Spinal Cord, with Report of Cases." Eug. G. Carpenter, Cleveland, "Posterior Radicular Neuritis." W. Cheatham, Louisville, "Of what Assistance has the Serum Treatment of Diphtheria been to the General Practitoner." Archibald Church, Chicago, "The Differential Diagnosis and Treatment of Cerebral Hemorrhage and Cerebral Softening." J. W. Cokenower, Des Moines, Ia., "Neurotic Deformities in Children." A. H. Cornier, Kansas, City, "Ectopic Pregnancy, Clinical and Pathologic Phases." J. Homer Coulter, Chicago, Paper. Ephraim Cutter, New York, "Beef—A War Paper." Richard Deway, Wauwatosa, Wis., "Some Cases of Insanity in Adolescence." Arch Dixon, Henderson, Ky., "To Drain or not to Drain." Kennon Dunham, Cincinnati, "The Hypodermic Syringe and Its Use in Malaria." C. Travis Drennan, Hot Springs, Ark., "Report of a Case of Anesthesia Produced by Mercury, with Remarks." Sherwood Dunn, Los Angeles, "Mothers and Daughters." J. Rilus Eastman, Indianapolis, "Diagnosis by Inspection in the Urniary Tract" A. R. Edwards, Chicago, "The Diagnosis of the Liver based upon a Study of Twenty-five Cases." Jos. Eichberg, Cincinnati, "Typhoid Fever Treated Without Cold Baths." C. Fish, St. Louis, "The Antitoxic and Bactericidal Properities of the Serum of horses treated with Koch's New Tuberculin, (T. R.) F. R. Fry, St. Louis, "Pressure Symptoms After Head Injuries." A. H. Goelet, New York, "The Surgical Treatment of Fibroid Tumors of the Uterus." and others.

Gynæcology.

LILLIAN TOWSLEE, M. D., Cleveland, Ohio, Editor.

REPORT OF A CASE OF ALBUMINURIA OF PREGNANCY, NINETY PER CENT. LIVES OF MOTHER AND CHILD SAVED.

MRS. M., age 21, primipara, consulted me at the end of the seventh month of pregnancy, for her bloated condition as she termed it, of five days duration. It seemed to me she was nearly twice her normal size. (I had known her for several years.) Asked her to void urine which showed ninety per cent. of albumin on examination. She returned in forty-eight hours with a morning specimen which showed the same as the one found in the previous examination, I sent her home and told her to go to bed, ordered diuretics, diaphoretics and cathartic's, hot packs, milk diet, etc. In ten days the albumin was reduced to fifty per cent. for one day only, and then shot up to ninety per cent. and remained there until after delivery which occurred at eight and one-half months. All of this time the patient was edemetous, legs, thighs, hands and abdomen pitted on pressure. Complained of pain in region of both kidneys with scanty urine. The much dreaded labor began after six weeks of albuminuria. Labor pains five minutes apart and kept up for fifteen hours—patient did not micturate during this time. She was given chloral hydrate in as large doses as she could endure, later on chloroform. The progress of the child was very slow, it taking hours for the head to engage. As the head advanced so forceps could be applied, with safety, a five pound girl was delivered. The baby was cyanosed but soon revived after artificial respiration. Perineum being larcerated was repaired. The albumin entirely cleared up within the next ten days after delivery. The patient was kept in bed three weeks, having a good trained nurse on the case she made a good recovery. It was impossible to make breast milk, and numerous drugs being given that are recommended as specifics, as well as milk in large quantities. Four weeks after confinement urine was

re-examined, no albumin present, the patient was dismissed in good condition.

In this case there was not any kidney disease previously exisiting, but a true case of albuminura of pregnancy. This state of affairs probably only existed in the last six or eight weeks of pregnancy, as a urinary analysis had been made only a short time before she consulted me for the edemetous condition, there being no albumin present at the that time, everything being normal.

In such a case of pronounced albuminia the question might arise why the gestation was not terminated at once? It seemed to me that by suitable diet and treatment, my patient might improve and go nearly to full term, thus giving the child a much better chance of living. If there had been pre-existing kidney trouble it probably would have been necessary to produce premature labor, but as I felt sure there was none, I kept my patient under observation and waited. The thing that was most feared was eclampsia as an alteration in the blood pressure, or in the constitution of the blood might at any time produce eclampsia. Too much importance should not be attached to small quantities of albumin in the urine for it is given as a *fact* that fifteen per cent of pregnant women, have more or less albumin in their urine. Also fibroid and ovarian tumors may cause it, which disappear after removal. The theories has been given by many as to the causes of albuminia where there is no pre-existing disease are due to:

a. Pressure on the renal veins and other vessels.

b, Pressure on the ureters.

c. Increased arterial tension.

d. Increased work thrown on the kidneys, as they have to excrete the waste products from the fœtus and large uterus.

e. Reflex nervous disturbances.

f. It may be due to a germ.

Probably two or more of these conditions may exist at one time to cause a large quantity of albumin without pre-existing kidney lesions. I make it a rule to examine the urine in *all pregnant women* from time to time during the pregnancy. By so doing many lives may be saved that otherwise were lost.

This goes to prove that ovulation is possible without menstruation.

Mrs. G., is now 75 years of age, a robust woman and always has been in good health. At the age of 51 she passed the change of life. Two years later—53 years old—she gave birth to a healthy baby girl, this being the fourteenth child (the baby lived and grew to womanhood, now being 23 years old). Her menses have never appeared again.

Pediatrics.

EDITH A. H. FYFFE, M. D., CHICAGO, EDITOR.

MODIFIED MILK.

EACH day we approach nearer to perfection in artificial feeding for infants. Each day the details of perfecting various foods are improved. Each day the intelligent care of infants and their food is augmenting.

Perhaps no step has been more potent in results than the preparation of modified milk, according to Prof. Holt's plan made manifest in his recent work on Diseases of Infancy and Childhood.

That the selection of a proper food, for a child deprived of maternal milk, is most vital, none will deny, so we take pleasure in adding Dr. Holt's valuable and very simple rules. He says:

"The ingredients necessary are cream, milk, lime-water, or sodium bicarbonate, sugar of milk, and water. For convenience and accuracy a graduate, sugar measure, siphon, bottles, cotton wool for stoppers, and if deemed necessary an Arnold's Sterlizer should be provided. The cream should be of a definite quality, that is it should be fresh and contain a known percentage of fat. Common skimmed or gravity cream ordinarily contains about sixteen per cent., while centrifugal cream is somewhat richer. The daily supply of milk-sugar should be dissolved in boiling water. Now by combining varying proportions of milk, cream and sugar solutions of known strength it is possible to make up any formula desired.

Lime-water in the proportion of about one part to twenty or sodium bicarbonate one grain to the ounce of the prepared food is required to overcome the acidity of cow's milk. When lime-water is used an equal bulk of water should be deducted from the total quantity used in the sugar of milk solution.

The inorganic salts do not demand specific attention. The dilution of milk necessary for reducing the quantity of proteids also controls the excess of salts.

Whether or not modified milk should be heated for the destruction of pathogenic germs and other bacteria depends upon circumstances. Prolonged sterilization at 212 deg., F. as a rountine practice is objectionable. By it the taste and color of milk is changed. The casein is less easily digested. As a result there is more tendency to constipation. It is believed too that the nutritive properties of the milk are impaired to a certain extent. But in using the ordinary milk supply of large cities it is probably safer and in the long run more satisfactory to use sterilized milk.

The objectionable changes noted as resulting from sterilizing milk are believed to be due to the action of temperature above 180 deg., F. It is found that by raising the temperature from 160 deg. to 170 deg. F. most pathogenic germs are destroyed, and milk treated in that way will keep at ordinary temperature for two or three days. This process is known as pasteurizing. It is largely and satisfactorily employed. When, however, it is possible to obtain a perfectly fresh and reliable daily supply of milk, even this procedure is not always necessary."

Women physicians will here after be eligible to the position of "interne" at the county hospital of Denver, Colo.

At the last meeting of the Lehigh Valley Medical Association, Dr. Mary Greenwald of Stroutsburg, was elected president.

Dr. Florence Hunt of Illinois, is the only woman delegate to the International Medical Congress at Moscow.

RESULTS FROM THE ADMINISTRATION OF IRON IN A READILY ASSIMILATED FORM AFTER GYNAECOLOGICAL OPERATION.

By C. A. VON RAMDOHR, M. D.

SOME few months ago I had the misfortune of having a patient lose a comparatively large amount of blood after a trivial operation. In spite of the weakened condition of her stomach I tried iron, as the quickest acting tonic, to counteract her anæmia. The results were so extraordinarily good and her general appearance improved to such a degree that I decided to put all my patients on the same preparation after my operation, and to carefully note the good or bad results of its administration.

To further guard against making any allowance to my enthusiasm, I had the blood of some patients at the New York Post-Gradute Hospital tested by Dr. H. T. Brooks, the director of its pathological laboratory, and similar tests at St. Mark's Hospital made by the pathologist, Dr. George Lindenmeyr. Some cases were kindly loaned me for observation by Dr. H. J. Boldt, Dr. J. R. Nilsen and Dr. Carl Beck, to all of which gentlemen I hereby once more acknowledge my indebtedness.

The preparation used in all cases was the peptonate of iron and manganese, made according to Dr. Gude's formula and known for short as "Pepto-Mangan Gude."

The results as found have shown me and will convince you that it is not only possible but highly beneficial to feed a patient on such tonic immediately after an operation and during her convalescence, as a routine treatment.

In only one case, that of a twelve-year-old girl, referred to me by Dr. Beck, an account of which is appended here, had the administration to be suspended because it was not well borne.

In no case was constipation observed, nor was the Pepto-Mangan taken with aversion.

The period of trial varies from twelve days to forty-four days. Quite a number of patients disappeared before the second examination of blood could be made.

Read before the Section in Obstetrics and Gynæcology of the New York Academy of Medicine, May 27, 1897.

There have been examined twelve gynæcological cases among which is one check case. I append, however, as long as the examinations have been made by the pathologist, two general surgical and five medical cases.

Case I [Post-graduate Hospital], patient twenty-seven years. Ovariotomy. Time of administration, seventeen days. First count, 5,050.000 to the cubic millimetre; second count, 5 312,000 to the cubic millimetre.

Case II [Post-gradute Hospital], patient aged twenty-three years. Larparotomy. Time of administration, sixteen days. First count, 3,600,000 to the cubic millimetre; second count, 5,670,000 to the cubic millimetre

Case III [Post-graduate Hospital], patient aged twenty-seven years. Alexander's operation. Time of administration twelve days. First count, 4,437,500 to the cubic millimetre; second count, 5,670,000 to the cubic millimetre.

Case IV [Post-graduate Hospital], patient thirty years. Oophorectomy. Time of administration. twelve days. First count, 5,250,000 to the cubic millimetre; second count. 5,400,000 to the cubic millimetre.

Case V [St. Mark's Hospital], patient aged thirty-eight years. Excision of fibroid of cervix. Time of administration, twenty-three days. First count, 2,624,000 to the cubic millimetre; second count, 3,450,000 to the cubic millimetre.

Hæmoglobin [percentage of normal amount]: First examination, thirty-five per cent.; second examination, sixty per cent.

Case VI [St Mark's Hospital], patient aged eighteen years. Miscarriage after pneumonia at fifth month. Curettage. Time of administration, twenty-four days. First count, 3,432,000 to the cubic millimetre; second count, 3,842,000 to the cubic millimetre.

Hæmoglobin [percentage of normal amount]: First examination, thirty-four per cent.; second examination, fifty-five per cent.

Case VII [St. Mark's Hospital], patient aged twenty-five years, Vaginal hysterectomy. Time of administration, fourteen days. First count, 2,962,000 to the cubic millimetre; second count, 3,264,000 to the cubic millimetre.

Hæmoglobin [percentage of normal amount]: First examination, thirty per cent.; second examination, forty-two per cent.

Case VIII [St. Mark's Hospital], patient aged twenty-three years. Pyosalpinx. Vaginal operation Time of administration, twenty-four days. First count, 3,426,000 to the cubic millimetre; second count, 4,280,000 to the cubic millimetre.

Hæmoglobin [percentage of normal amount]. First examination, forty per cent.; second examination, sixty-two per cent.

Case IX [St. Mark's Hospital], patient aged twenty-one years. Emmet's operation. Time of administration, thirty-six days First count, 2,351,540 to the cubic millimetre; second count, 3,740,000 to the cubic millimetre.

Hæmoglobin [percentage of normal amout]: First examination, thirty-five and a half per cent.; second examination, seventy per cent.

Case X [St. Mark's Hospital], patient aged thirty-seven years. Beck's

operation. Time of administration, forty-four days. First count, 2,253,000 to the cubic millimetre: second count, 3,420,000 to the cubic millimetre.

Hæmoglobin, percentage of normal amount: First examination, thirty-six and a half per cent.; second examination, fifty-five per cent.

Case XI, St. Mark's Hospital, patient aged twenty-one years. Laparotomy for pyosalpinx. Time of administration, twenty-three days. First count, 2.680,450 to the cubic millimetre; second count, 4,758,570 to the cubic millimetre.

Hæmoglobin, percentage of normal amount: First examination, thirty-three per cent.; second examination, seventy per cent.

To convince himself and me that not all gynæcological patients would have their blood-corpuscles increased at the same rate after an operative interference as after taking Pepto-Mangan (Gude) Dr. Brooks has kindly made this check test in

Case XII, Post-graduate Hospital—control, patient aged twenty-eight years. Ovariotomy. Time in hospital, fifteen days. First count, 4.368,750 to the cubic millimetre; second count, 4,480,000 to the cubic millimetre.

Case XIII, St. Mark's Hospital, that of a girl aged twelve years. Resection of tuberculous hip joint. Time of administration, seventeen days. First count, 1,865,420 to the cubic millimetre; second count, 1,760,000 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, thirty-two per cent.; second examination, thirty-two per cent.

This is the only case where the use of the proparation had to be discontinued because the stomach rebelled, and where no improvement appeared.

Case XIV, St. Mark's Hospital, that of a boy, aged fifteen years. Large punctured wound of thigh. Time of administration, fourteen days. First count, 2,480,000 to the cubic millimetre; second count, 3,200,000 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, thirty per cent.; second examination, forty-two per cent.

Case XV, St. Mark's Hospital, that of a man, aged thirty-seven years. Anaemia. Time of administration, twenty days. First count, 3,585 510 to the cubic millimetre; second count, 4,550,000 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, fifty-two per cent ; second examination, seventy-two per cent.

Case XVI, St. Mark's Hospital, that of a woman, aged twenty four years. Anaemia following malaria. Time of administration, twenty-four days. First count, 3,242,654 to the cubic millimetre; second count, 4,422,500 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, fifty.two per cent.; second examination, seventy-five per cent.

Case XVII. St. Mark's Hospital, that of a woman, aged twenty-four years

Professional nurse Anaemia. Time of administration, twenty-eight days. First count. 2,475,216 to the cubic millimetre; second count, 4,060,222 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, forty-two per cent.; second examination, sixty-two cent.

Case XVIII, St. Mark's Hospital, that of a girl, aged nineteen years. Professional nurse. Anaemia. Time of administration, twenty-one days, First count, 2,640,100 to the cubic millimetre; second count, 4,125,000 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, thirty-nine per cent.; second examination, sixty per cent.

Case XIX, St. Mark's Hospital, that of a woman, aged twenty-five years. Professional nurse. Anaemia and gastric catarrh. Time of administration, thirty-five days. First count, 2,563,202 to the cubic millimetre; second count, 3,420,000 to the cubic millimetre.

Haemoglobin, percentage of normal amount: First examination, forty-two per cent.; second examination, sixty per cent.

These last seven cases do not strictly come within the scope of my paper, but still I was loath not to bring them out and I am glad that Dr. Lindenmeyr in his zeal picked out these last three cases of hospital nurses for an experiment. You see how rapid their improvement was from the objective figures, more rapid than that of the women operated on, and I think, for the reason that a certain amount of exercise in the open air helped, on the one hand, and the direct loss of blood impaired the multiplication of corpuscles on the other hand.

However, from the foregoing you will, I hope, agree with me that (1) it is beneficial to immediately put a patient on whom an operation has been performed on the use of an easily assimilated iron preparation; and (2) Pepto-Mangan (Gude) seems to be such a rational ideal pharmaceutical preparation.

SLEEPLESSNESS AFTER ABDOMINAL OPERATIONS.

The frequent sleeplessness after abdominal operations compels the surgeon often to resort to the use of hypnotics. Opium and its preparations are commonly employed to produce sleep in these conditions but on account of their constipating effect, their tendency to derange the stomach, which is already disturbed from the administration of the anæsthetic, and their disagreeable after-effects, they should be reserved for cases in which the insomnia is due to the presence of severe bodily pains. If, however, the

sleeplessness be due simply to nervous excitement, sulfonal will be found far preferable to morphine. It will afford prolonged sleep, undisturbed by dreams, from which the patient awakes refreshed and invigorated. It will not upset the stomach, or produce unpleasant sequelæ; and finally, it will not create a habit and leave the patient a narcotic habitue after the completion of convalescence. To derive the most satisfactory effects from sulfonal, however, it must be administered in the proper manner; that is, disselved in a glassful of hot water, tea or milk, which is drunk as warm as possible.

A VOLATILE ANALGESIC.

The New York Polyclinic says of Phenalgin: "A desidertum in Analgesics and Antipyretics, is a remedy which is devoid of cardic depresent effects and of the dangers of Opium and Morphine. In fact a drug which can be exhibited with a feeling of safety.

The Ammoniated coal-tar product Phenalgin complies more closely with these conditions than any other. It is a splendid volatile analgesic to all the vital functions and is the only Ammoniated coal-tar product made from Chemically pure materials, therefore free from all toxic matter.

Phenalgin ranks among the few remedies of its class that may be administered at all times "With a feeling of safety."

ARE YOU IN PAIN?

You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headeche or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant.

The ideal remedy must not only do its work, but it must als do it quickly. Touching this point is an article in the *Boston Medical and Surgical Reporter*, by Hugo Engle, A. M., M. D. The author says:

"Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and

as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and if neceesary, a third dose given ten minutes after the second. In 90 per cent of all cases it immediately stops the pain."

Aids the Patient and Protects the Attendants.

In all contageous diseases the liberal use of Platt's Chlorides for disinfecting the discharges and deodorizing the sickroom, is recommended by the most eminent physicians.

In every case of sickness, whether infectious or not, the use of this odorless liquid aids the patient and protects the attendants.

The Lehigh Valley Medical Association held their seventeenth annual meeting on July 30, 1897, at the Kittattiny Hotel, Delaware Water Gap, and elected as President Dr. Mary Greenwald. She is, we believe, the first woman to be president of a medical society not exclusively made up of women.

The case of Mrs Bertha M. Sessfod, a Christian Scientist is being tried before Judge Mills in the District of Columbia. The woman is charged with practicing medicine illegally. She was treating a child with diphtheria who died while under her care.

The San Francisco Board of Health has sworn out warrants for the arrest of all physicians who have failed to report births. The records of the board show more deaths than births, and this, they claim, is caused by the negligence of physicians in not reporting birth as required by law.

The Woman's Medical Journal.

VOL. VI. OCTOBER, 1897. NO. 10.

DIFFICULTY OF SECURING A SUITABLE PREPARATION OF IRON IN ANEMIA.—VALUE OF GUDE'S PEPTO-MANGAN.

LILLIAN TOWSLEE, M. D., CLEVELAND, O.

IN treating cases of anemia, in fact all cases where there is a loss of red blood cells, there has hitherto been much difficulty in securing a preparation of iron which can be borne by weak stomachs, and which will not produce digestive disturbances.

In looking about for something that would be suitable I was induced to experiment with Gude's Pepto-Mangan and have found it a most desirable preparation, easy to assimilate, pleasant to take, and also a preparation that can be administered a long time before the patient wearies of it.

This preparation of iron gives us iron and maganese in combination, a combination which will not corrode as iron does. The action upon the appetite is quick, and I have seen no evidence of its producing constipation.

This preparation being palatable makes it preferable for administering to children, and does not injure the teeth as so many forms of iron do.

I will mention one or two cases in which this preparation has been used by me with much success:

Case 1. Mrs. S., aged 53, Anemic from profuse uterine hemorrhage. Being in such condition I put her on Pepto-Mangan. After the endometritus was cured, the monthly flow being persistantly scant I continued the Pepto-Mangan for two months. Previous to this condition noted in this report I had tried various preparations of iron from time to time, but none gave the results that Pepto-Mangan did.

Case 2. Miss H., age eighteen. Here was a pronounced case of chlorosis. The patient had been to a sanitarium in Michigan, had taken the baths and run the gamut of general sanitarium treatment and had returned home with no visible improvement.

When she consulted me, I looked her over carefully and decided that iron was the tonic needed and immediatety put her on Pepto-Mangan.

The patient began to improve from the first dose, so much so indeed that I did not recognize her the next time she came to my office. Her face had begun to show color and lips, ears, and general condition denote that she is well on the way to general recovery.

Directed her to continue Pepto-Mangan until she is fully restored to her normal condition, which I have great faith will be in the near future.

THE BICYCLE FOR WOMEN AND NOT FOR CHILDREN.

KATE C. MEAD, MIDDLETON, CONN.

IN *La Semaine Medicale*, June 9, 1897, M. le Dr. Petit reported five new cases of death from heart disease in France, owing to severe bicycle exercise.

The number seems to me surprisingly small when I consider how many people of all ages, and of all degrees of common-sense have caught the bicycle craze, and how few of them understand in the slightest the physiological relation between circulation, respiration and exercise.

In some of the countries of Europe every person who intends to ride a bicycle must go before certain judges of the town, and pass an examination in riding, in order to obtain a license. This is perhaps governmental meddling with personal independence, but it is at the same time paternal far-sightedness which would be more profitable still, if a physician's certificate as to the soundness of heart, lungs, etc., were added to that as to proficiency in balancing and pedalling.

Certainly every woman who rides a bicycle should undergo a physical examination by her physician before she attempts the difficult art of learning to ride.

Not only should her chest be sounded most carefully, but her nose and throat should be examined, even though there has been no suspicion of any obstruction to respiration, for the breathing must all be done freely through the nose.

The moment that the mouth has to be opened to obtain more air, that moment should a woman dismount and rest, or walk until her disturbed pulse becomes slow and steady again.

No woman who has pronounced heart or lung disease or noticeable obstruction in the nasal passages should think of learning to ride a bicycle; if these diseases are incipient she should ride very slowly and very little, if at all.

Those women who have a predisposition to tuberculosis or nervous affections, chlorosis, constipation and certain muscular weaknesses of the utero-ovarian organs will be benefitted by gentle, carefully regulated and unintermitted daily riding on wheels that fit them in shape, weight, height, saddle, etc.

Women who are recovering from nervous prostration, or who are fatigued in muscle or nerve should not be allowed to learn, or to ride even if they are bicyclists. The additional muscular work will not in such cases be provided for by better circulation; more waste will be piled up in the system than can be removed by the sleep of the short night. No woman who has a tendency to any inflamatory condition "below the belt" should be allowed to wheel. Her own feeling of discomfort ought to warn her against such exercise, but frequently the desire to ride overcomes the feeling of prudence and the bowel, kidney or pelvic troubles are rekindled. On the other hand chronic constipation, hemorrhoids, misplacement of the uterus may be very much benefitted by bicycle riding after proper medical treatment. I have myself seen several cases of chronic dysmenorrhœa, two cases of retroversion of the uterus, and two cases of hemorrhoids permanently cured by bicycling. Many cases of lumbago and of sciatica have been benefiitted by moderate wheeling, and dyspepsia, anæmia, mild neurasthenia and all kinds of mental depression have yielded to this mode of treatment very promptly.

Bicycling is one of the most pleasurable forms of exercise, and perhaps the only way, outside of a gymnasium, for a woman to take general gymnastics. It has been already noticed that doctor's bills grow alarmingly less where bicycle bills increase. Possibly the surgeon reaps a few more golden shekels, but the proportion of accidents among women who are judicious riders, is very small.

While I feel that for most women bicycling can not be too

much advised, for little girls under 14 years it can not be too much condemned. The risk of accident owing to careless riding is enormous; the danger of injury to the pelvic organs owing to exercise in a faulty position is very great, and the risk of causing permanent bone troubles can not be overlooked. When one examines hundreds of school children as I have done and finds that many of them have curved spines owing to faulty positions in sitting and in doing a little work or play, what must we find to be the result of such violent exercise as children take on their bicycles, riding in all positions, at all speeds, and on any saddle?

Between the eight and eighteenth years ossification has to take place in two of the bones of the coccyx, in three of the bones of the hand, and ossification is not completed in and of the long bones until the child has completed her "teens". The danger of hip joint disease, scoliosis and lordosis, can not be slight, to say nothing of the chance of producing deformities and irregularities in other bones.

There is danger of permanently crippling a child's heart by fast bicycle riding, and of taking most serious colds by cooling off too rapidly after a severe perspiration, as well as chance of causing intestinal and gastric troubles by injudicious drinking at wells or soda fountains.

It can not be expected that children of any parents will have more judgement than their years warrant: and even an otherwise lazy girl has been seen to do to much bicycling. Children's fearlessness amounts to recklessness on the wheel, and since children will get exercise enough in their plays and school gymnasiums, the danger of bicycle accidents from slipping on wet streets or riding into trolly-cars and carriages more than balances the good derived from the bicycle. If children could be fitted to wheels as to shoes, and if they would be contented to ride with their parents and at no other time then they might be allowed to own bicycles. The carelessness with which children ride is seen from the stacks of children's wheels at the repair shops. The wheel shows the break immediately, but who knows at once whether the child, too, has not been injured?

After considering the fitness of the individual for riding, attention should be turned most carefully to the wheel. There are as many kinds of wheels in the market as there are classes of bodies to ride, and not only the saddle but the

entire wheel should be fitted, as it were, to the individual. The diameter of the wheel, the gear, the weight, the height of handle bars, distance of seat from handle, tread of pedals, the pedals themselves, the dress guard, the brake and the bell are all as important in determining a choice of wheel as the saddle, and the danger from riding an ill-fitting saddle can not be over estimated.

The saddle should be padded and slightly springy, it should have the shortest and broadest possible peak and should not produce any friction with the body. It should be placed so high on the saddle-post that the ball of the foot with ankle firmly extended can touch the pedal at its lowest point. The seat should be as nearly as possible over the sprocket. The handle-bars should be as high as the seat; the bell should be where the left thumb can touch it without moving the fingers from the handle, and it should ring loud and clear. The brake in the grasp of the strong right hand on the handle should be strong enough to stop the wheel absolutely, not merely to retard it, and it should not be flimsy enough to bend, or such a bad shape that it will cut the tire after a little friction, as I have seen happen. The dress-guard should cover the chain and extend well back on the wheel, for women must ride in skirts and ought to be able to ride in any walking skirt. The pedals should not have rat-teeth to injure everything that they hit, nor toe clips to confine the toes; toe clips are only of use in scorching and in pushing up a hard hill, two things which women should never do.

The gear, weight and height of a wheel should be in proportion to the strength and size of the rider. Coasters may be used on easy down grades but the rider should not depend on an occasional coast for rest, she should actually dismount every few miles and walk or sit down so as to bring into play a different set of muscles.

No long rides should be taken until the muscles have been trained by short ones, and some riding should be done every day in order to obtain the greatest benefit from bicycling.

With these injunctions carried out the bicycle will be of great benefit to those women who enjoy it whether they are young or old, fat or thin, but when the exercise ceases to be a pleasure and an exhiliration which brings only a healthy

fatigue, good appetite and sound sleep, then it should not be taken even by those who are not otherwise prohibited from wheeling.

TRAINING SCHOOLS FOR NURSES OF THE INSANE.

Dr. Ella V. Timmerman, a graduate of St. Luke's Hospital Training School for Nurses, who then studied medicine and obtained the position of assistant physician at the state asylum at Elgin, has written an open letter to the Chicago Clinical Review upon the care of the insane. This letter is the more noteworthy because Dr. Timmerman considers the subject from the dual aspect of doctor and nurse, in both of which capacities she has met with marked success. She says:

With every change in administration there is always expected to occur a corresponding change throughout the various state institutions. This change, as all know, is often made without regard to fitness; and wherever the sick and helpless are confined, they are the chief sufferers from the evils of the system.

It is, to say the least, unfortunate that a system prevails which makes it possible for the result of three years' persistent effort to be overthrown; and while it is not yet to be expected that the first positions in state institutions will escape the vigilance of the new political aspirant, a great gain for the patients could be accomplished by making their care the charge of a separate organization, independent of the hospital proper.

The officers of this organization should correspond to those of similar bodies, with a board of trustees, and when once organized should proceed to the establishment of a training school for nurses of the insane.

By the founding of a training school the work would be made attractive to better qualified persons and their position elevated to one of respect and importance. The superintendent of the training school should be a trained nurse, appointed by the board of trustees, and in her should be vested the management and control of the school, the selection of the nurses, with the choice of dismissing and retaining. Her actions should be subject to the approval of the board of trustees. The securing of a high grade of pupil nurses

would be facilitated by instituting a post-graduate course in insanity, open to graduates of training schools connected with general hospitals. The school should have its home outside of the asylum, where the pupil nurses would be away from the influences to which they are subject while on duty.

For the management of the violent and demented wards the assistance of orderlies and attendants would be required, subject to the orders of the head nurse and her assistant pupils in charge of the ward.

The insane are impressed with rank and position, they are more subservient to the head attendant; it is rare for them to show violence to the officers. The uniform and bearing of the nurse, in itself, would often insure compliance where now the camisole, the muff and the strap are the means.

The school, like other training schools, would become self-supporting, for many families, instead of sending to the expensive private sanitariums, would be able in the early stage of the malady to secure skillful care at home, the school furnishing the nurse and receiving the compensation. The condition of the patient would be at once rendered favorable for recovery or improvement, and the publicity of the usual court proceedings avoided.

With the introduction of trained nurses in our state hospitals the successful treatment of all complicating troubles would become possible. Study in the line of investigation where system and order prevail would be encouraging. An action in the right direction has been made by the introduction of internes in our insane hospitals, but their opportunities are indeed limited when the assistant's chief attention is given to the suppressing of harsh measures, where surgery is never indicated except in extremes, and where a medical line of treatment is handicapped by forgotton or carelessly remembered orders. Dr. Timmerman's letter is worthy of careful consideration.

AMERICAN WOMEN STUDENTS AT ZURICH UNIVERSITY.

A society has been formed at Zurich by the American women who are studying for a doctorate at that place, and a circular has been issued by it conveying information to

others who are looking forward to an educative tour in Europe. It is quoted in the *Consular Report*, and a part of that quotation is given below:

The length of time required for preparation is usually three to four years, except in the case of medicine, when five and a half years of very severe labor are necessary. A diploma from an American college is accepted in lieu of an entrance examination. Certificates of successful teaching may also be accepted, but should be submitted in advance, as the decision appears to be made upon the merits of each case. In addition, a certificate of good character is neccessary, and for an American, a passport. In the medical school, the entire course is laid down; elsewhere, no course is formulated, but each student is required to choose one major (Hauptfach) and two or three minors (Nebenfæcher). Work is carried on almost entirely by lectures and laboratory work, with occasional quizzes. The fees in Zurich are small. For a course of lectures coming once a week for a semester, the usual charge is 5 francs; for one coming twice a week, 10 francs, aud so on. Seminars and quizzes are free. Even when a good deal of laboratory work is done, fees for the entire year rarely amount to more than $65 to $75. There is no university library. It is etiquette in Zurich for a student who is intending to take work with a given professor to call on him in advance at his house, preferably between 11 and 12 o'clock, to announce her intention, and, nominally, ask his advice. It is impossible to state too strongly that no woman should come to Zurich with the immediate intention of university study, unless she has not only a reading but a speaking knowledge of German. Zurich is not the place to acquire this knowledge, the dialect which one hears almost everywhere in place of German and the number of foreigners of various nationalities in the town make it unsatisfactory for the language student. The university recognizes two classes of workers —the matriculated students and the hearers. The hearers are received without test of fitness, but are admitted to examination and receive certificates of having attended given courses of lectures only through the courtesy of the lecturers. The matriculated students have a few privileges not granted to hearers, and usually, though not necessarily, take an examination. The latter consists of the teacher, the doctor and the State examination. Of these, the second is the only one likely to be of special interest to students who intend to return to America.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. ***Single Copy 20 Cts.***

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to ***The Woman's Medical Journal*** should be addressed to the Managing Editor Woman's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor.

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

OUR OSTEOPATHIC FRIENDS.

THESE are certainly the days of fads, and fad is said to originate from the initals "for a day" so the term is most expressive.

Suffering humanity, burdened with the many ills that flesh is heir to, and many which flesh is not heir to, but which we thrust upon it, is quick to extend hearty welcome to any quick method to health, and the more alluring the promise and the more absurd the theory, the more is the warmth of the greeting augmented.

Yesterday it was Christian Science that was to heal mankind, sans christianity, sans science; today it is a new science (?) Osteopathy. And so we are all wrought up over the new fad, the people on the one hand acclaiming; we on the other disclaiming, and we know whereof we speak.

Many are exercised over the attempt to legalize it, but it seems to us that there is no need for any worry, being unscientific; being of the genus hocus pocus; being a fraud, it will, if left alone, soon die of inanition. Legalizing it, does not equip it with the function of immortality and after a

few more people are killed with it, suspicion will soon blast its reputation and death ensue.

Martyrs have always been very popular with the populace, so long as they were not the unhappy victims, and whatever interfers these ambitious people is a step toward persecution, which is always the initial lesion in the miasma of martyrdom.

Time is the happy medication indicated, with an addition of complete indifference as an alterative, will do much to rid us of this new barnacle. Really we do not see any need to get excited—if its a good thing it will live; if it is a bad thing it will die, simply because it does not possess the elements of virility.

THE PATH TO SUCCESS.

THE advent of the long evenings, and the approach of cold weather is a hint that the time of study is at hand. The handwriting on the wall, which being translated means public opinion, indicates in no uncertain manner that the open sesame to professional success is knowledge.

Knowledge of current events, knowledge of current progress, knowledge of current methods. The day has passed when an armamentarium of a few simples, the possession of a few books is sufficient to equip the desciple of Galen. Abraham Lincoln tersely said "you can't fool all the people, all of the time," and when good luck may carry the illy prepared through for today, it may be sure to fail on the next occasion.

Bluff and bluster may seem desirable concomitants, but they are not compatible with permanent success. The real way, the honest way is by study, constant, faithful effort, eschewing desultory efforts but a persistant following of a daily plan.

The practice of our profession is no light responsibility

and the people hold us closely to account, clothing us meanwhile with a garment of infallibility, and an almost miraculous power to heal. This faith must be met with honest effort on our part, and to worthily do our best we must continue the student life.

None will gainsay the pleasure that arises from helping others; than which none greater exists. Nor will any deny the comfort there is exhibited when finally we have exhausted all resources and the suffering one has passed to peace, the friends say, "Well Doctor, all has been done that could be done."

During these long winter evenings an hours study will do much to furbish up forgotten facts, clothing them with new attributes. An hour's study daily will do much to quicken thought, arouse dormant ambition and put us on a better footing with the best in our honorable profession. If the writer were asked what the most direct path to success was, she would say, without hesitation, study; again study; and again study. Study books, study people, study cases, and lastly study yourself.

Brief Chats.

Just Words.

SOME one has said that a word is the sign of an idea, a sentence the sign of a line of thought, but Tallyrand cynically says that "words were given us whereby we might conceal our thoughts, and a glance at some of our current literature seems to indicate that the talented son of France spoke with prophetic voice.

We run across words and combinations of words that so successfully conceal the thought that inspired it, that we cannot imagine the impelling force ever existed.

This condition is exceedingly apparent in much of the literature of our profession and the cause lies in the fact that

educational acquirements—the ability to group words concisely—has not been demanded when the student matriculates.

Latin, French and Greek are desirable additions to our stock of words, but the fundamental need is good, strong, terse English. English correctly spoken, elegantly applied, is an accomplishment worthy our best effort. A good generous vocabulary, and fine choice in the selection of words, as well as keen judgment in putting them into sentences, is an ambition worthy of the best of us and to attain it means hard earnest study.

When achieved it means a more perfect, true and concise medical literature.

Such is the Power of Advertising.

ONE of our daily papers in reporting cursorily the recent meeting of the British Medical Association at Montreal, mentions several celebrities who attended and among them "Lord Lister of Listerine fame."

Think of that! Verily advertising does much.

Theoretically and Practically.

KINDLY greetings are always welcome and this little note from Dr. Didama, dean of the Syracuse College of Medicine is full of kindly spirit.

> "As Dean of the College of Medicine, of Syracuse University, which has, from its beginning, twenty-five years ago, theoretically and practically favored the higher medical education of women, I ought to be, as I am, favorably inclined to a Woman's Medical Journal "regular and ethical."
>
> H. D. DIDAMA.

Men and women in medicine are not at opposite ends, they are working in harmony each for the betterment of the world, the profession and themselves.

We feel quite set up with the handsome prescription book sent us by the Zumo Pharmacal Co.. of St. Louis. The cover is engraved in handsome script and the bright silvery surface is very beautiful, while the blue bond paper is good enough for a queen.

Surely the average patient will be much impressed with

the new prescription book and who knows but its rich appearance may serve as a mental placebo to the querulous patient.

Any way we count ourselves fortunate in having the little book and congratulate the Zumo Company on its exceedingly good taste.

A GENERAL RESUME OF THE MOSCOW MEETING.

THE WOMEN DELEGATES. *

WE have but two days left of the Congress. It has been, on the whole, a disappointment to me. Comparatively few of the noted men in Gynœcology prepared papers and many who were on the program have failed to appear. Mr. Tait did not come but sent his paper, which was read, "The Comparative Value of the Operative Methods in the Treatment of Uterine Cancer." This was quite a compliment to Mr. Tait, as no other paper has been read unless the writer was present and read it himself. Pean and Apostoli are also absent. England and America are entirely unrepresented in gynœcology, there being only one from each country on the program, and both have read very poor papers. It is a shame. No wonder the Europeans have such a bad opinion of us. In the general surgical bureau it is a little better. MacEwen and Murphy have read good papers. Sunday Dr. Senn read his paper in the Royal Theatre to a fine audience. It was well received, although I am convinced not one-third of the audience understood it. Few of the Russians and Germans speak English, and the representatives in this Congress are largely from these two nations. Dr. Senn has carried off the honors, as far as America is concerned, being one of ten to deliver an address before the general assembly. He is the guest of the Czar, having received an invitation through the Secretary General of the Congress to reside in the Kremlin. He was also invited to preside at one of the sessions of the general surgical section. So, although America is poorly represented in numbers, we cannot complain of lack of attention, as Dr. Senn has been shown the greatest courtesy. The military surgeons gave him a regular ovation the second evening of the Congress. He happened on a company of them at a

* The above is an extract from a personal letter just received and forwarded for publication.

reception given to the visiting delegates and as soon as they discovered who he was, they made him their guest of honor, carried him around on their shoulders, cheering him until every one ran to see what had happened. He found then for the first that his Surgical Pathology had been translated into Russian.

THE WOMEN DELEGATES.

Last evening I attended, to me, the most interesting feature of the Congress. The local women physicians gave a banquet to the visiting delegates. There are fifty women physicians in Moscow and about one hundred in St. Petersburg. There are several women delegates from Asia; one from Constantinople, Dr. Siebold; and one from Egypt, Cairo. There were about one hundred and fifty present and we had a most enjoyable time. I met a Russian lady, who was studying in Vienna at the same time I was there. I should not have been able to place her, although her face was familiar, and she said she was not sure of me until she heard me speak, when she recognized my voice immediately. She spoke both French and German and took charge of me, introduced me to the more prominent among the women and was the means of my having a very pleasant evening. They called upon me to answer the address of welcome of the President, on behalf of the visiting delegates. They requested me to speak either French or German, as very few understood English. So I essayed the German and managed to make them a little speech, thanking them for their courtesy and comparing the position of women physicians in the different countries I had visited—very much in favor of the Russians of course—which pleased them and they received my remarks very cordially. Dr. Stephenson, Dr. Hunt, Dr. Garrison and myself, of Illinois, were the only representatives from America. They were a fine appearing body of women. It was a gala occasion for them, as the University of Russia is being reopened to women, after being closed ten years. It seems to be here as elsewhere, largely a question of money, as a wealthy Russian lady has offered one million rubles if the University is opened to women. They drew up a memorial to this lady last evening and we all signed it. They insisted our signing our titles, which seemed very foolish to us, but to them it was an important matter.

They do not realize how easily one can become Professor in America. One of their number is a good surgeon, we were told, and really has a standing as a surgeon among the men of the profession. They are in every sense the "new woman", as the champaign and cigarettes conclusively proved last evening. Strange to say, it did not seem so out of place to see the drinking as I thought it would.

Moscow, Aug. 24, 1897. LUCY WAITE, M. D.

Gynecology.

By DR. LILLIAN TOWSLEE, EDITOR.

A NEW ELECTRODE FOR USE WITH STATIC MACHINE.

By LUCY HALL-BROWN, M. D. OF BROOKLYN, N. Y.

The object of this device is two fold—first, to enable the physician to administer a more efficient spray current of electricity to the patient than is possible with the electrodes now in general use, and secondly to do so without the possibility of having sparks jump from it to the patient. The electrode is made up, as you see, of a bundle of very fine steel wires—some four hundred in number—arranged in the form of a small whist broom held together by a metal sleeve and attached to one end of a suitable wooden handle.

In this form the electrode may be used with either the "direct" or "indirect" static current, but as most Electro Therapeutists prefer to use the indirect current it is advisable to replace the wooden handle for one of metal, such as a piece of light brass tubing—I have an electrode with such a handle here. The advantage of the metallic handle being that a much larger quantity of current is constantly being collected by it than is possible where the bursh alone is depended upon.

These wire brushes, with wooden handles, can be had at ten cents by mail from the manufacturer, J. F. Bigelow, Worcester, Mass.

A FEW ITEMS OF INTEREST.

CAUSATION OF SEX.—J. L. Gibson believes that each spermatozoon and each germinal vesicle is essentially male or female, and that impregnation can occur only when a germinal vesicle combines with a spermatozoon of the same sex.

PREGNANCY IN A UTERUS BICORNIS.—The case was diagnose by J. B. Tomlinson as twin pregnancy, but the right horn was found to contain the fetus and the left the placenta. The same error in diagnosis had been made by others in two previous pregnancies.

* * * *

RETENTION OF URINE SIMULATING PREGNANCY.—G. M. Boyd reports a case of retention of urine in which the woman was supposed to have reached the end of pregnancy. Fifteen quarts, or 500 ounces of urine were withdrawn by catheter within twenty-four hours; in the second twenty-four, 170 ounces; in the third, 101 ounces. On the fourth day she voided 63 ounces without assistance, and after that time only 45 ounces daily. A month before she had been unable to empty her bladder, which became distended until a constant dribbling occurred. The uterus was enlarged and retroverted, and pressed on the neck of the bladder.

* * * *

VICARIOUS MENSTRUATION.—In a case reported by F. D. Tyrrell as spinal hyperemia due to the suppression of the menstrual flow from exposure, a burn was accidentally inflicted upon the calf the leg. The resulting ulcer bled freely at the next menstrual period as long as the flow from the genitals continued, and the same occurrence was noted a month later although the wound was nearly healed.

* * * *

MENSTRUATION IN THE INSANE.—M. M. Newbecker says that nearly all chronic cases of insanity menstruate regularly showing that menstrual irregularities cannot constitute a strong factor in causing mental disease, as otherwise a return to normal conditions would favorably affect, if not cure, the mental derangement. In reality the mental symptoms are frequently exaggerated. Mental conditions modify the menstrual flow, which ceases for at least one or two months even in the mildest cases. The writer reports two cases in which ovariotomy was not followed by permanent improvement.

* * * *

SYMPTOMS OF THE MENOPAUSE.—G. H. Mallett writes that when a woman, who during her menstrual life has flowed three or four days moderately, flows for six or seven days

freely during the menopause; when the intervals between the periods become shorter; when a flow occurs between the periods; when a slight hemorrhage follows coition; and when the irregularity of menstruation continues over three years, examination is indicated, and in the large majority of cases a local lesion will be found. This may be a malignant growth, usually carcinoma, a fibroid, polyp, retroversion, endometritis, or inflammation of the appendages.

* * * *

GYNECOLOGICAL MASSAGE.–The Trendenenburg position is warmly recommended by Beuttner in massage of the pelvic organs. This position is not so tiring to physician nor patient, and in thick abdominal walls it permits the hand to pass deeper.

* * * *

TUMORS OF THE VAGINA.—I Oliver reports the removal of a fibroma of the anterior fornix of the vagina; also a case in which a cyst in the posterior fornix containining sixteen ounces of fluid was incised and drained, the patient aborting two days later. The fluid of the cyst is described as resembling that of a hydalid, but contained no hooklets.

ORRHOTHERAPY IN ULCERATIVE ENDOCARDITIS.

While recovery from so-called ulcerative or malignant endorcarditis is difficult of demonstration, it would be unreasonable to contend that the disease is invariably fatal. On the other hand, in cases in which recovery ensues some doubt might justly remain as to the accuracy of the diagnosis. The knowledge that the lesions present in the cases under consideration are often dependent upon the activity of streptococci and staphylococci, would amply justify the employment of an antitoxic serum when the diagnosis may be ventured. The report of a case of probably ulcerative endocarditis in which successful results attended the use of antistreptococcic serum is therefore not without interest.

The case occurred under the care of Dr. Margaret Dunn, at the Canning Town Medical Mission Hospital, and is reported in *The Lancet* of July 10, 1897. The patient was a girl, sixteen years old, who complained of having had a "cold" for three weeks, with tightness in breathing. There was marked

dyspnœa, pulse and respiration were accelerated, and the temperature 101° F. Cardiac action was rapid and exaggerated, and a loud mitral systolic murmur at the aortic area. Under treatment with salicylates no improvement took place. Upon inquiry it was learned that the symptoms had been present about a month. In the course of several weeks aching pains appeared in the left shoulder, together with palpitation of the heart and shortness of breath. There was no previous history of rheumatism, and there had been no rheumatic manifestations beyond a transient erythema the year before.

The patient did not appear very ill, but was bright and lively. There was considerable dyspnœa, but the girl was able to lie down. She complained of palpitation and of slight pain in the left shoulder. There was considerable perspiration without acid odor. Neither rash nor nodules nor anæmia was present. The apex beat of the heart was seen and felt in the fifth left interspace, three inches from midsternum. The area of cardiac percussion dulness was increased to the right. The sounds were muffled at the apex, but a mitral systolic murmur was distinguishable, as well as an aortic diastolic murmur and some pericardial friction sounds. At the base of the right lung dulness on percussion and diminished breath sounds indicated a small effusion.

For a week the patient showed signs of marked general improvement. The dyspnœa lessened, the slight joint pains disappeared, and the temperature gradually fell almost to normal. The physical signs, however, persisted and indicated increase in the pericardial effusion. An aortic systolic murmur became audible, in addition to the mitral systolic and the aortic diastolic. The edge of the spleen was indefinitely felt below the costal margin. During the following week the condition of the patient remained pretty much the same, the temperature rising, however, to 102° F. in the evening. An erythematous rash appeared, which spread by degrees over the limbs and face, disappearing after three days. The amount of fluid in the pericardium and at the right base diminished slightly in amount. The urine was normal throughout. In the next week the temperature remained elevated and the pulse became accelerated. The patient now complained of tenderness on palpation of the spleen, and the physical signs indicated a slight increase in the pericardial effusion.

Treatment with salicylates having been unattended with satisfactory results and the increasing severity of the symptoms suggesting the probability of the endocarditis having assumed a malignant character, is was decided to try the effect of treatment with antistreptococcic serum. Accordingly seven injections were made beneath the skin of the abdomen during a period of two weeks, at intervals of a day or two; in amounts varying from two and one-half to twenty cubic centimetres. During this period sharp pains and friction sounds appeared in the left axilla, and a transitory presystolic murmur became audible. Ultimately, however, the temperature declined, improvement took place in the physical signs, and the case proceeded to complete recovery.

The diognosis of ulcerative endocarditis was based upon the seriousness of the patient's condition, the hectic type of the temperature and its persistent elevation in the absence of fresh rheumatic manisfestations or increase of those present, the appearance and disappearance of the heart murmurs, and the increase in the size of the spleen. Unfortunately bacteriological examination of the blood was not undertaken until after treatment with the antistreptococcic serum had been instituted, and then no micro-organisms were found. The possibility of typhoid fever was excluded by the absence of characteristic symptoms excepting high temperature and increase in the size of the spleen. Acute tuberculosis was less closely simulated, and the outcome of the case apparently decided against this possibility, even had there been any doubt.—*N. Y. Med. Record.*

Personal.

M. Isabella French, M. D., Ph. B., of Damascus, Ohio, expects to sail for Mankin, China, November 18th, by steamer Coptic from San Francisco. Dr. French is a graduate of the Damascas Academy, and graduated from Earlham College in '93 from which she received her degree. She then took up the study of medicine with the intention of being a medical missionary, graduating from the Cleveland College of Physicians and surgeons in the class of '97, after which she

took a three months course in New York at the Post Graduate and Woman's Infirmary. Dr. French is being sent to China by the Friends Church, and goes prepared to take up hospital and out work in all its branches. The doctor has many warm friends in Cleveland as well as Damascus who wish her success in her chosen work.

Dr. Lucy C. Bement has succeeded Dr. May F. Jones as resident physician at the Good Samaritan Hospital, Baltimore. Md.

The Director of the St. Petersburg School of Medicine for women (Professor Anrep) recently stated that 160 students have entered for the first course. By a recent ukase women who are not Christians will be admitted. The number of such students, however, must never exceed 5 per ct. of the total, which is the actual proportion at present. More than a hundred applicants have had to be refused admission on the score of want of room. The first course of study includes anatomy, histology, physiology, and the preliminary subjects, besides dogmatic theology, which is compulsory for the first half year.—*British Medical Journal*, Sept. 4.

MISS ALFREDA HILDA GAMBLE and MISS JANET STOKES GREIG have been appointed medical resident officers in the hospital of Melbourne, South Australia, in accordance with the custom of annually appointing to that position the students who had the highest standing in the final honor examination of the university. Upon the accomplishment of their tenure of office they were brought before the hospital committee and received warm commendation, The chairman, F. R. Godfrey, referred to the difficulties placed in the way of women physicians, and stated that he had heard with great regret that during the first part of their term at the hospital they were subjected to unfair, ungentlemanly, and almost brutal conduct on the part of some with whom they were associated. They had lived down this treatment by their quiet demeanor, and had performed the whole round of work quietly and unostentatiously. The appointment of women physicians, he said, had been amply justified.

Dr. Katherine Berry Richardson now occupies the chair of Visceral and Histological Anatomy in the Medical College of Kansas City, Mo.

Dr. Eva Harding, of Topeka, has been appointed by the State Board of Charities physician for the Topeka Reform School for boys. As the position has heretofore been occupied by men; it is a distinct triumph for woman, and a merited recognition of Dr. Harding's ability.

On August 17. the Czar of Russia gave an audience to a number of distinguished physicians, including the American delegates, one of whom is Dr. Sarah Hackett Stevenson of Chicago, who are on their way to the International Congress of Medicine, at Moscow.

One of the pioneer women doctors in England, Mrs. Garrett Anderson, at one of the jubilee congresses, spoke of the earnings of successful women as running from $1,000 to $5,000 per annum. The London *Woman* says the higher sum is one seldom reached, however. On the othe hand, the New York Evening *Post* says that $5,000 may be a very large sum for a female physician to earn in london in a year, but there are a number of New York women doctors who can point to twice that sum as a result of their professional labors for a twelvemonth.

Mrs. Amelia Lange, M. D., who died a short time ago in Chicago, was a pioneer in the profession. She was born in Uppenheim, Bavaria, Oct. 8, 1825. She studied medicine in that country, and became the wife of Dr. Anton Lange. In 1852 they went to Chicago, where both followed their profession of medicine. In the great fire he received injuries which proved fatal in two days. Mrs. Lange continued to practice medicine until a short time before her death. By her ability as a physician, her faithfulness as a friend, and her many acts of charity and benevolence, she endeared herself to all who knew her, and her death is a loss to the community in which she had resided continuously for forty-five years.

The New Orleans *Daily Picayune*, after mentioning the opening to women of the Chicago College of Physicians and Surgeons, says:

So many of the leading colleges and universities of the country are throwing open the doors of their medical departments to women, that New Orleans cannot long be behind in this widespread and recognized movement. There are dozens of bright young women in New Orleans waiting for admission to the classes of Tulane Medical College, and it was not so long ago that a graduate of our own H. Sophie Newcomb Memorial College, who wishod to study medicine had to go North for the opportunity that is allowed by the laws of the State of Louisiana, but refused by our leading Southern university. And yet we boast of being progressive!

The North India School of Medicine for Christian Women was started in Ludhiana a little over two years ago. Dr. Edith Brown, the principal, is supported by a small but well qualified English staff. A very earnest appeal on behalf of its operations comes to us from Miss Harriet Crawford of Meerut. The skill of women doctors in India, she says, is now so fully recognized that the demand is far beyond the supply. Crowds daily visit the hospitals and dispensaries, where the energies of the staff are fully taxed to cope with the work. Then there are multitudes of women in secluded homes who would welcome a woman physician and gladly pay for help and advice. In this school at Ludhiana the great desire is to train up native women for the work. No religious instruction is given in the government hospitals and native Christian girls can better be trained in such places as the North India School, which is quite unsectarian.

Some time ago, in New Orleans, the Phyllis Wheatley Sanitarium and Training School for Nurses was opened especially to give young girls of color an opportunity to study and embrace a profession for which they are peculiarly fitted. The school is proving highly successful, and at the opening of the year on Sept. 14, Maria Keith, M. D., took charge as house physician and superintendent of the Nurses' Training School. Dr. Keith is a native of Vermont,

and has had the advantage of the best training in the schools of the East. She graduated as a physician with high honors, and has had much experience both in nursing and in the private practice of her profession. Dr. Keith has also had large experience in hospital work, and has been most successful in surgical operations and assistant hospital work. She went to New Orleans direct from hospital work in Cheyenne, Wy. Mrs. Sylvania Williams, the president of the Training School, and also of the Phyllis Wheatley Club, hopes to make the school and the sanitarium peamanent and of great benefit in the community.

DR. HAMILTON CONVERTS THE AMEER.

It is pleasing to see a woman who has a real "vocation" for medical work make such an advance as that achieved by Miss L. Hamilton, formerly of Sundrum, in Aryshire, Scotland. She was trained as a nurse in the Liverpool Infirmary and afterward studied medicine in Brussels, taking her degree three years ago. It is an interesting though to be expected fact, that many of the best women doctors have had their own capabilities revealed to them, first, while nursing. After graduation she went to Calcutta and had begun practicing, when the Ameer of Afghanistan offered her a fine salary if she would come to Cabul. She accepted the offer though efforts were made to dissuade her. The Indian authorities told her they could offer her no protection against insult or injury if she went to live among the Afghans; but since she has become the physician to the royal family no one has heard of her experiencing any of the dreadful things that were imagined. On the contrary, she has gone on successfully, treating the sick and enlightening the minds of the Ameer and his people, till she has won his full belief in the practice of vaccination; and now the entire population is being vaccinated with pure calf-lymph produced close at hand, and a royal decree demands that no one shall escape this salutary proceeding. This has all been effected through the efforts of Dr. Hamilton.—*Woman's Journal.*

MACON, GA., August, 28th, 1897.

I have prescribed Unguentum Resinol in cases of Eczema Capitis, Eczema Facialis and Seborrhœa with the

happiest results. Again in Pruritis Ani, its prompt and effective action was quite pleasieg to my patient and satisfactory to me. I can commend its use to physicians in such cases, and am sure it will retain a permanent place amongst the best remedial agents of its class.

Very truly,

M. H. O'DANIEL, M. D.

D. T. HUDGENS, M. D., Elizabeth, Ark., says: I have used S. H. KENNEDY'S EXTRACT OF PINUS CANADENSIS in leucorrhea with very good results. I have had under my treatment Mrs. S., age 33 years, for leucorrhea, with anteversion of the uterus. I used the WHITE EXTRACT per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that PINUS CANADENSIS should occupy a prominent position in our materia medica.

BACKACHE.

It is with pleasure that I give you my experience with Sanmetto. Mr. B., age forty-nine years, was a sufferer for years from backache, caused from inflamed and overworked kidneys. The pain was so great at times that an opiate had to be given to relieve it. I put Mr. B. on Sanmetto, teaspoonful three times a day. He has never complained of his back since. This has been three months ago.

Gold Hill, Ala. J. HARNEY BLEDSOE, M. D.

AN ANTIDOTE TO THE TWO GREAT SYMPTOMS.

The value of Antikamnia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure him relief from pain and intermission of fever. We have, in short, in this drug, not a remedy for any disease, but a most useful antidote to the two great symptoms—Pain and Pyrexia.—*Medical Reprints*, London, Eng.

SPURIOUS COCA WINES.

The *British Medical Journal*, in its issue for January 23rd and again in that for February 6th, speaks of the dangers that attend the popular use of so-called coca wine—that is, some kind of wine in which a salt of cocaine is dissolved. For the most part, the wine is of poor quality, but sweetened and highly fortified with rectified spirit. The amount of cocaine contained in many of these products is variable, too, and in prescribing them one really does not know what doses of the drug he is ordering. Moreover, the contention seems reasonable that the tonic and stimulant virtues of a real wine of coca—such, for example, as the well-known Vin Mariani—do not depend altogether upon the cocaine contained in it.—*New York Medical Journal, March* 20, 1897.

SANMETTO IN ENURESIS NOCTURNA.

Mrs. H. M. Robertson. M. D., of Middleport, N. Y. writing, says: "I have just received a letter from the mother of the girl to whom I gave the Sanmetto for nocturnal enuresis, and she assures me that her little girl has no more trouble of that kind, nor has had for some time, so thinks she is cured. I feel sure this case has been cured by Sanmetto, for it was an obstinate case, and did not seem to yield to anything before I gave her the second bottle of Sanmetto, although I had tried all the usual remedies. I believe in giving credit where it is due."

EXTENSIVE MULTIPLE ULCERS.

C. A. Bryce, A. M., M. D., Professer of Surgery in the National College, Indianapolis, Ind.; Surgeon-in-charge "The Hickories", Edito Southern Clinic, Author "Bryce's Practice of Medicine", etc., etc., writes:

"There came to my office in March, 1897, a man about 28 years of age, wlth the most extensive multiple ulcers of the legs that I ever saw. He said that he had tried for months to get relief without benefit, and desired me to do what I could for him. His legs from the knees to the ankles were swollen and infiltrated. The entire surface was undergoing

destructive changes, and circle-corroding ulcers were in all stages—all of them finally cutting cleanly through the skin down to the muscle. The case was clearly one of the late manifestations of Syphilis implanted upon a scrofulo s base. Locally, I used a cleansing and gently stimulating protective treatment, and placed the patient upon Elixir Iodo Bromide of Calcium Compound (Tilden), which he continued to use without intermission for over two months, with the result of effecting a complete cure. I gave him positively nothing at any time but tne Elixir Iodo, and attribute his cure entirely to its great alterative properties and speciel adaptability to cases of this character. The results were simply astounding- I have used Elixir Iodo Bromide of Calcium Compound (Tilden) in a case of Syphilitic lung involvment, curing the patient after he had been given up to die by an excellent practitioner."

DIPHTHERIA.

The serum with which I am most familiar, using it constantly is Mulford Co.'s, which is supplied in three concentrations, known as:

Potent, 1 ccm., containing 250 units.

Extra Potent, 1 ccm., containing 500 units.

The most highly concentrated (Extra Potent) possesses great advantages in very small quantities, thus avoiding the pain and discomfort which the weaker serums are apt to cause. Besides this the lesser amount is more rapidly absorbed, and results follow much more quickly, all of which is of signal advantage in treating a disease so rapidly fatal as diphtheria. These are the statements made by Dr. E. Rosenthal, Philadelphia, in the Medical Fortnightly, April 15, 1897. The advantages of more rapidly absorption and earlier effects which are secured when concentrated antitoxin serum is employed are frequently commented upon. Because of these advantages, concentrated serums are now so generally endorsed. The gain in the time required to arrest the disease is so great that it is claimed the concentrated serum will cure from 10 to 20 per cent. more of the severest cases of diphtheria, than can be cured when weak serums are employed.

Earliest Effects: Best Results.

(Package most convenient; absolutely sterile.)

Mulford's Diphtheria Antitoxin

"Potent" and "Extra Potent,"

Conforms to all the highest requirements, being:

(*a.*) The most concentrated product.
(*b*) It is of uniform potency.
(*c.*) It is absolutely reliable.
(*d.*) It yields the promptest effects and the best results.

Write for special literature.

H. K. MULFORD COMPANY,

CHICAGO. **PHILADELPHIA**

ACUTE MILIARY TUBERCULOSIS.

E. M. ROYS-GAVITT, M. D.,

With the advent of cool weather, comes the increase in pulmonary disorders. Patients flock to the office to allay old conditions or to arrest new ones and acute miliary tuberculosis is a frequent visitor. Probably a large proportion of the cases which present themselves demand judicious feeding, a storing up of sufficient carbonaceous matter to eliminate or replace the drainage upon the system, the outward evidence of which is the pulmonary symptoms. If the history of past cases has demonstrated anything, it has proven that theories however seemingly well founded, should not interfere with, nor influence our practice. The starving out theory is very well as a theory but it is not adaptible to practice. Killing the fire by drowning out, by obliteration is not a safe

procedure; rather try building up, by putting in nutritious material. No article of the pharmacopia has run the gamut of popular prejudice and favor as has cod liver oil and its various combinations. From a time to which the memory does not go back cod liver oil was considered a desirable factor in this condition. Careful and scientific research has done much to assist us and Delafield in Pepper's text book gives some valuable hints; he says that if both lungs are involved, treatment, however judicious, is of little value in results.

While cod liver oil is recommended, the best authorities recommend it more as a vehicle for creosote, and the combination has the sanction of the best clinical experience.

Beechwood creosote is difficult of administration owing to its rejection by the nervous stomach and the fastidious appetite of the patient and it is important that the most palatable combination be secured. Among the many good ones, none compare with the French importation of Chapoteaut's Morrhuol Creosote. It is elegantly prepared and carefully blended and is pure in its elements and really that is the one thing necessary.

For the cough I would try local treatment and if due to plurisy, I have been very fortunate in counter-irritation.

Case 1. J. M. D., aged 19, young woman employed in store. Anemic, of course, high temperature every morning, no perceptible cough or night sweats but coming of a tuberculous family, I anticipated some such condition; suggested a bicycle, and that she use it only to and from her business at first. Put her on Morrhuol Creosote, beginning 5 m t i d and told her to come back in a week. Next week some better, increased the dose, end of third week temperature disapeared and at the end of a month her lips and ears indicated new red blood was making. Since then she has not called, evidently satisfied with her condition.

Case 2. George H., aged 32, employed in bank. Usual history of miliary tuberculosis. Had been south for one winter but could not afford another. Slight night sweats, temperature 102 degrees, cough, flushed cheeks, rational pulmonary symptoms, subcrepitant rales.

Had him ask for as much outside work as possible, and arrange for regular meals and early hours, put him on ale before meals and tried pure beech wood creosote, stomach

rejected the latter and put him on Morrheol Creosote (Chapoteaut) with excellent results from the start.

The night sweats have gone, so has the temperature and the prognosis is complete recoovery if he persists in treatment.

I.

DIRECTIONS FOR THE USE OF SCHERING'S FORMALIN DISINFECTANT AND DEODORIZING LAMP.

For Disinfecting.

The lamp should be placed upon a table or on the floor in the middle of the room, the doors, windows and other openings being closed. The keyholes should be sealed by stuffing them with paper or cotton. Closets must be opened wide, and all clothing, bedding, etc., must be spread out, or, better still, hung up.

The cup *e* should be removed, as it is used only for deodorizing and inhalation, then the glass chimney *a* with the globular container *r* is taken off from the lamp *b*, and the container *r* filled with a number of Schering's Formalin Pastils. For the destruction of the less resistant disease organisms, such as the bacilli of diphtheria, typhoid fever and tuberculosis, forty 1-gramme (15.4 grains) pastils, the contents of two of the small boxes, will suffice in a medium-sized room, 3 m. (10 feet) high, 3 m. (10 feet) broad, and 8 m. (26 feet) long. Then the reservoir of the lamp *b* is about nalf filled with alcohol after unscrewing the burner; the wick is lighted, and so regulated that it projects about 2-3 mm. (1-12 to I-8 inch) *above* the tube. If wood alcohol is used as a fuel the wick should be about even with the tube (burner), as a too large flame will produce more heat than is required. More than 2 ounces wood alcohol should not be placed in the reservoir, which holds 4 ounces. The chimney *a*, with the filled container *r*, is then replaced upon the lamp. No one should remain in the room, and the doors should be tightly closed, since the large amount of Formalin vapor that is developed is very penetrating, and may be unpleasant, in that it causes lachrymation in the occupants of

adjoining rooms. Nevertheless, it is expressly to be remarked that the inhalation of Formalin vapors is in no way injurious to health.

The apparatus once started, it may be left entirely to itself. The light need not extinguished, since the lamp burns out with perfect safety. According to the flame, 2 ounces of alcohol or wood alcohol will burn from 4 to 8 hours. After 12 to 24 hours the room should be aired, and the Formalin vapors will quickly disappear. If the room is to be thoroughly disinfected, and the most resistent spores killed —a procedure that is not necessary under ordinary circumstancns—two lamps should be employed, or the Formalin Disinfector can be used. For the preservation of food in larger rooms, the process is the same; for smaller rooms proceed as under II.

II.

FOR DEODORIZING AND PRESERVATIVE PURPOSES.

The *Disinfectant Lamp* renders excellent service where it becomes necessary to thoroughly remove evil, foul and decomposing odors from a room. Rooms containing food that is prone to decompose, as meat, game, milk, etc., are given a preservative influence extending from one to several days at the same time that they are deodorized.

The Disinfectant Lamp may be used with advantage under the following circumstances:

In close living-rooms with damp walls; in sleeping-rooms; sick-rooms; rooms where dead bodies have lain: in ships' cabins; in railway-sleepers; in railway-carriages and waiting-rooms; in hotels and lodgings (important when traveling or in the country); in schools; in libraries; in business places; in restaurants; in privies (especially where there is no flow of water, or an insufficient one, as in small towns and in the country); in urinals, etc.

Also in meat markets; meat cellars; fish, game and poultry stores; slaughter houses, pantries (especially in the country, where considerable quantities of meat, etc., must be kept for a varying time); milk cellars, etc.

The results of such use of the Schering Disinfectant are absolutely surprising.

The Woman's Medical Journal.

VOL. VI. NOVEMBER, 1897. NO. 11.

ASEPSIS IN DAILY LIFE.

By Julia W. Carpenter, M. D., Cincinnati, O.

ANTECEDING the days of antiseptic surgery no one ever dreamed of the results obtained at the present day. Antiseptics, the first step in improvement, was justly considered marvelous.

With the persistent study and ferreting out of nature's processes, that characterize the profession of medicine to-day, it was however, ere long discovered that if asepsis was strictly carried out, antiseptics were not required. That is, absolute cleanliness and the prevention by that method of the presence, development and ravages of germs, was far better than the use of articles mostly poisonous, to destroy these germs. The old maxim, "Prevention is better than cure" was again illustrated. This idea is today permeating every department. This is shown by more stringent quarantine regulations in times of threatening danger; greater cleanliness in cities, especially in the hot season, greater care in isolating those with contagious diseases; a stricter application of knowledge in the care of all sickness, and better methods of disposing of garbage and all the effete materials that are the result of life.

Beyond all this, a measure looking toward greater cleanliness, which means of course, less disease, is now being pushed forward with some degree of success. This is the measure to prevent the floors of cars and the sidewalks from being used as spittoons. The degree of success that will attend this movement is a guage of the civilization and refinement of the present day.

Beyond this however, there is still an advance step that can be taken that would be wonderfully conductive to asepsis in daily life, and hence cause a still greater lessening of disease. This method I have been looking for some time to see brought forward by others, but I have failed to see it. It is a simple but a very radical measure.

A handkerchief should be made of some inexpensive material, and when once used, it should be cremated.

This should be the universal law for sick and well. Think of the chronic catarrhs, the sore throats, the decayed teeth and untidy mouths, the bad colds of well people,—so-called, and the handkerchief the receptacle of the evidence of all this.

All these discharges should be burned and not be carefully put away in fine linen to await a turn in the laundry. That simply gives this effete matter the opportunity of being carried out into the sewers and rivers and returning again in the drinking water. As many a little makes a muckle, it is easy to see what pollution of water could in this way be prevented.

Handkerchiefs could be made of some material so inexpensive that their use and destruction would cost no more than their laundering. If the expense was something more however, it would be nothing to the expense of sickness. Cheap handkerchiefs to be burned would greatly facilitate the carrying out of the measure to prevent expectoration in cars and on sidewalks. The handkerchief could be the receptacle and its destruction would be such an advance toward aseptic living that there would be a great decrease in the number of influenzas, catarrhs and especially in contamination from tuberculosis.

If such a measure was advocated and explained to the people it would not be difficult to enforce it, for in these days of frequent sudden advancement in knowledge people are learning to adapt themselves more quickly to new methods.

The standard of the physician should be absolute cleanliness or asepsis in every day life and not just in times of sickness. In the domain of surgery we have been taught our lesson in asepsis. One familiar with surgery only before the days of antiseptics would deem the results of the present day incredible. In a similar manner, if some of the customs of the present day could be changed to what might be called aseptic living, the results would be equally marvelous.

THE PRACTICE OF MEDICINE AND SURGERY IN CHINA.*

By Elizabeth Griselle, M. D., Salem, O.

T THE famous burning of Chinese books, when the Emperor, in his mad ambition to wipe out the past and make history begin in his own person, ordered the destruction of all books and records, 213 B. C., exception was made in favor of medicinal works. A writer in a Chinese medical journal says he has learned from these that there has never been a scientific study of medicine in that empire.

A system of surgery, (if one may apply the term "system" to that wherein is *no* system,) is said to have had its beginings in the dim distance of four thousand years ago.

It seems there was, then, some knowledge of the circulation of the blood. Six centuries before the Christian Era the human body was dissected, and in the fourth century B. C. a method of cure by massage was practiced. In the third century A. D. anasthesia was produced by the use of datura, acoriete root, hemp and certain fungi combined. Hashish and an unknown incense were also employed and incantations, probably similar to our hypnotism.

About this time the Cæsarean operation was performed successfully. Trepanning was accomplished, but death resulting, the surgeon wan promptly beheaded, which had a discouraging effect upon further experiments of that kind.

By the sixth century further advances were made in abdominal Surgery.

With such beginnings, and such a record, and with ages in which to develope, surgery ought to have well nigh reached perfection, yet as a matter of fact there is scarcely a Chinaman to-day who would attempt to amputate a finger.

Operative surgery is, in the major sense of the term, utterly unknown among the Chinese, and even minor surgery of the simplest character is but rarely attempted. It is amazing that a nation with a civilization and a literature, reaching to such high antiquity should be so utterly helpless in the face of the surgical emergencies continually arising.

*Read before the Union Medical Society.

Knowledge of relieving which, one would imagine to be almost intuitive.

Not even the simplest tumour is ever removed, and for gunshot wounds there is nothing but the application of plasters, intended to draw out the bullet.

Venesection was frequent in past times, but has been abandoned in favor of cupping and leeching, when blood letting is considered necessary. Dr. Thompson says if fluid comes to the surface and absolutely begs to be let out, an opening is occasionally made, but otherwise an abscess remains uninterfered with; and these are often met with, burrowing in all directions, among the muscles, that ought to have been the simplest, if the knife had been used, and sinuses are carefully closed up with plasters and wax.

The sick receive almost no attention in the way of skillful nursing. Chinese doctors do not profess to know anything of obstetrics or gynecology, as it would be considered the height of indecency to call upon them for such service. Ignorant midwives attend these calls. Women are plenty in China, and are not of much consequence, any way.

The successful operations, by foreign physicians, for ovariotomy and other abdominal surgery are considered miraculous, by the common people, who are extremely bigoted and superstitious.

No post-mortems are ever allowed, nor dissections permitted. They have no idea of the structure of the body, as anatomy is a sealed book to them. This ignorance is strange when we think of the opportunities for studying the anatomical structure of the lower animals. Accurate clinical observation is the only means a student may possess, and is, therefore, essential to any progress in medical studies.

While the Japanese are said to be the most cleanly people, the Chinese are quite the contrary, and all efforts to to teach them the laws of health are entirely futile, as they have no idea of ventilation, of correct diet, exercise, or sanitary methods, of any kind. Thousands of children might, perhaps, be saved from a sightless and wretched life, if only they could be taught the value of personal cleanliness, and the use of simple remedies for the cure of opthalmia and other diseases of the eye, which are very common in China, caused by the combined influence of bright sunlight, smoky dwellings, as they use charcoal fires, filthy habits, the use of

stimulants, and the contagious character of many of the diseases.

The usual operation for entropion is performed by them by clamping a portion of the eyelid between two bamboo sticks, so as to cause a fold of the skin to slough away, a contraction of the lid being the result. I said they do not attempt surgery, but occasionally it is tried after the most barbarous fashion, such as sticking needles into the cornea of children, who suffer from conjunctivitis.

Accapuncture was practiced six centuries B. C. and the moxa was then, and is still, a favorite remedy. Nipping the skin with the fingers, sharply and with a strong hand is common. Any day in the week persons may be seen in the outdoor room, in hospital or dispensary, with their bodies more or less black and blue from their having given this treatment a trial before resorting to the foreign doctor. Even very young children being subjected to this brutal usage.

Counter-irritation seems to be the standard mode of treatment for both surgical and non-surgical cases.

They are always very sparing in their ablutions, using only very hot water. Cold water either in the treatment of fevers, as a beverage, or for cleansing is held as an abomination.

There are no native schools of medicine, no instructors, or examining boards, nothing to prevent him who wishes to declare himself as physician, or surgeon, from going out to practice.

He will choose his specialty, buy a treatise upon the subject, and begin. In Shanghai a Chinese servant learned all he knew of diseases of the eye from having waited upon the surgeon in an eye hospital. He simply watched the treatment, abstracted enough remedies from them to last him a few years, and now has a large practice of his own, as a student from the hospital.

All are specialists, for the chest, for the skin, the eye, for leprosy, small pox and snake bites; there are bone setters, pain killers, cholera doctors, etc.

Lepers are frequently met with, are not thought to be contagious, and there is no segregation of such cases. I remember when living in San Francisco. the authorities had great difficulty in taking lepers to a suitable place prepared for them outside the city limits. and small pox cases were

carefully secreted by their friends. They submit to vaccination on compulsion and last year one hospital reports six thousand vaccinations.

Let me give you a prescription used by the native fraternity.

℞ The gall of a wild swine, dissolved in vinegar;
The ashes of a wolf's skull, mingled with the fat of a viper;
A stone taken from the head of an eel, caught at the full of the moon;
Powdered scorpian's legs, mixed with some unpronounceable fluid.

But let us turn to a brighter side of the picture, for a wonderful revolution has taken place in that benighted land, thanks to the humanity of Christians in this and other countries, and the self-sacrificing devotion of men and women physicians. I read in a newspaper recently, that, at a medical congress in China lately, more than four hundred and fifty men and women physicians attended, while many in remote districts were unable to be present owing to difficulties of travel and other causes. Almost all foreign physicians are there in connection with hospitals or dispensaries, which are supported mainly by funds, either contributed by the churches of England or the United States.

There are only a few physicians in private practice, in the port cities, who are well educated, and who are there generally for their own health rather than for remuneration, which is small.

Chinese pay often by presents—sometimes in money. Many physicians do not charge for their services, just leave to the discretion of the family how much they shall give. Chinese superstition coming in here to the aid of the doctor. The family is afraid to be ungrateful lest a worse disease befall them. For this reason a friend writes she has received on a certain feast day, year after year, quite a generous remuneration.

The Chinese are observant people, and they are learning the advantage to be derived from admittance to hospitals, where they receive such kind and skillful medical attention that there is often trouble to induce them to leave when cured.

In smaller towns, where hospitals have been established and where thousands are successfully treated every year, they contribute little to their support. However, where patients are able to pay it is thought wiser to make some

charge. It is true that Li Hung Chang and a large number of other enlightened Chinamen realize that their people can never reach a high standard, as physicians, unless more thoroughly educated in the elementary principles of science.

In Hong Kong the college of medicine and surgery for Chinese, after a five years course, graduate yearly a class of young men and women, who have the finest advantages of instruction, access to one of the best hospitals, the aid and encouragement of the Viceroy, the approval of the Emperor, and the financial support of the London Missionary Society. Li Hung Chang said publicly concerning this, and other schools, that he hoped anatomy, physiology, chemistry and kindred subjects would be thoroughly studied, that science should be taught, rather than wonderful cures performed. He said if China shall ever be accorded a place among modern cultured nations it must come through the influence of physicians.

With near 500,000,000 inhabitants, and a country intersected with many streams, lakes and swamps, there must be a great mass of suffering humanity, and the door is open to the medical fraternity when it is closed to others, for the desire for the relief of pain is not confined to enlightened peoples.

Dr. Parker opened the first hospital, in Canton, for the treatment of diseases of the eye, about the time Queen Victoria ascended the throne. His reputation as a surgeon became so widespread that it was no unusual thing to see a thousand people awaiting their turn for treatment.

The larger cities and towns are fairly supplied with hospitals, both for men, women and children. Some of the finest surgeons and physicians, men and women, to be found anywhere, are devoting their lives to the relief of that nation.

Dr. Kerr who has long been in Canton, is said to have no living peer as a surgeon.

In Moukdew, the capitol of Manchuria, whence came the the present imperial dynasty, a city abounding in wealth, with a population of four hundred thousand, there is a hospital, perfectly equipped, which rivals, in ability of officers, any of our own hospitals, and has secured the approval and even admiration of the uncle of the Emperor, the governor-general, and the mandarins, who all contribute liberally to its support.

I asked Dr. Corbett lately, who has lived in China for thirty years, his opinion of the medical work there. He said "Physicians, hospitals and nurses are keeping up to date in every improved method, and new discovery". He also said the number of cures were surprising, and this view is corroborated by a medical missionary journal which I receive from China.

He told me of a Chinaman who brought his old mother 1000 miles in a wheelbarrow, to have an operation for double cataract performed. Hu King Eng a young Chinese doctor who studied medicine in this country and is now in charge of the hospital at Foo Chow performed the operation successfully and she sent home a happy son and mother. The aged are venerated in China as in no other country. America might well learn from them in this respect.

Chinese women are bound hand and foot by conservatism, ignorance and superstition, and the peculiar seclusion of the higher classes of women, renders educated women physicians a great blessing to those who have had, without their aid, only emperical attention. Therefore women physicians are doubly welcome. Li Hung Chang's visit around the world seems to have given him increased respect for them, as he has appointed a mandarin's daughter, Dr. Benu, as physician to his househould. Two women, both daughters of mandarins, have been chosen as delegates to the woman's Congress in London, in 1898. They each took a four years' collegiate course in this country. I think at the University in Delaware, Ohio, and afterward spent four years in the Woman's College at Philadelphia.

There are about two hundred women graduates in medicine, scattered throughout the cities and towns of China. The greatest difficulty in the medical colleges, with the students, is, that they commit to memory like parrots, not only pages, but whole medical works; for cultivation of the memory has always been the main education of the celestial, and it is difficult for them to learn to grasp an idea, or a fact, unconnected with a formula of words.

They only need to see a thing done once to be able to do it themselves, and there is not a more skillful nation than they, when they have gold, silver, ivory, wood, etc., to deal with, but either cowardice, superstition or fear of failure makes them timid where skill is needed in surgery. It will probably be a long time before the hospitals can be entrusted to native physicians and surgeons, as it is difficult to overcome the mental habits of a people, especially when for ages, they have lived in abject submission to the state and priesthood, and have been taught with an egotism born of ignorance that all other people except their own countrymen are foreign devils.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. ***Single Copy 20 Cts.***

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to *The Woman's Medical Journal* should be addressed to the Managing Editor Woman's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy is sent. as to number desired. Seventy-five will be furnished gratis to those desiring them.

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor.

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

THANKFUL IN WORDS—GRATEFUL IN ACTIONS.

THE coming of Thanksgiving arouses in all of us a spirit of comradeship that serves as an opening wedge for the advent of Christmas generosity. It takes us out of ourselves, lifts us from the sordidness of self seeking. Introduces us to ourselves in a rather unfavorable light perhaps, but serves as an incentive to higher, better things. We extend the range of vision to the idealities as well as the realities of life and this of itself is an uplifting element, a tendency to altruistic effort.

Pessimism gives way to optimism, and the optimistic spirit presents a new view of life.

We have not been so badly used after all. Life is really a success and the supposed failure is but a stepping stone to better things, to a never better insight into life.

The struggle for existence is keen, but not neccessarily so keen that it requires the elimination of faith, hope and charity from our vocabulary.

Truly we can give thanks that we are here, for after all, this is a pretty fair sort of a world, and if we had planned it ourselves we could not have done much better. Then we

have reason to be grateful that our friend the enemy, was not permitted to plan it, albeit he was very desirous and ambitious to run things his way. Strange how often people like to run things; queer how stupidly the lucubrations of other people run. So we are thankful, if for nothing else, that we are ourselves and not that we are like the Pharasee of old. But there are also some practical, tangible things to be thankful for. Times, that omnipresent condition, are better, money more plentiful because crops are good and the farmer successful. How things run into each other and prosperity tumbles on us like a row of standing bricks—hit one and the line falls. Good crops, good farms—good farms, good business—good business, plenty of money and the doctor is paid—so why not give thanks?

THE ERA OF THE JUST AS GOOD.

THE closing days of the XIX century will have been remarkable for many things but for none more than the condition of substitution—the replacing of the good, with the "just as good." It exists in all branches of trade, but in none with as pernicious effects as in drugs and chemicals, because here human life is specifically threatened and reputation endangered. Either condition is grave and either is sufficient to arouse our most dormant energies.

Changing an order is dishonest and should meet with strongest condemnation.

A druggist who substitutes should be black listed, and families warned of his presence in the community, for he is a menace to the life of the family. Words of warning seem futile, so great a disaster seems impending, and the Woman's Medical Journal hopes that every physician on its list is alert as to the possibilities and quick to warn of the condition when presented.

WHERE CREOSOTE SUCCEEDS.

E. M. R. Gavitt, M. D., Toledo, O.

MEDICINE as an exact science is still in an embryonic state, but such rapid progress is being made that we are passing into a more developed condition.

Guess work is giving place to precision, and precision is producing known results in therapy. This condition is specially apparent in the advance made in the treatment of diseases of the lungs and bronchii. Our hearing is quickened to recognize sounds that ten years ago fell upon dull ears and diagnosis has made a steady and permanent advance.

The differential diagnosis is daily lengthening and the smallest symptom is immediately recognized and properly classified.

It is just fifteen years ago since Robert Koch discovered the specific germ and denominated it the "tubercle bacillus" and with this as a nucleus the antiseptic treatment of tuberculosis has gone on apace.

In the whole pharmacopeia there is no better germicide than carbolic acid and creosote, and that the latter is especially valuable in phthisical conditions is an accepted fact. The only fault being that sensitive stomachs rebel against it and hence the difficulty of administration. It is particlarly valuable in all forms of consumption except phthisis florida. Bouchard and Gambret, eminent French authorities have made many useful observations on this treatment.

The daily quantity varied from six to nine grains and in exceptional cases from twelve to fifteen grains. Of ninety-three cases of phthisis treated with creosote, twenty-five were apparently cured, twenty-nine were improved, eighteen were stationery and twenty-one died. Creosote, hence was effective for good in fifty-four cases out of ninety-three.

With these facts before me I felt more than justified in

administering creosote, and was exceedingly fortunate in selecting Killgore's Mist. Creosote Comp. as the desired combination.

The case which presented itself was well developed and a microscopical examination of the sputem showed tuberculus bacilli present. There was also the never failing deadness on percussion, and Wintrich's interrupted change of sound, detectable when patient is upright but not when recumbent.

Temperature rose about four o'clock in the afternoon and was evidently continuous, going down however early in the morning to nearly normal. The night sweats also presented themselves, in fact most of the symptoms were present.

The patient was a young woman of the better class, whom over confinement in the house and over indulgence in social pleasure had had much to do in presenting these conditions. She was 19 years old, fair and tall.

I put her on the Creosote above mentioned in six grain doses, three times a day.

I also ordered ale, rare meats, out door exercise and early hours.

The cough is doing better and expectoration has about ceased. Her skin has lost the dry feeble look and her eyes the intense brightness, her ears are getting some red blood in them and now after six weeks her lips are fairly red.

I have made a favorable prognosis and think I am justified in so doing.

It seems to me that in phthisical cases, two objects must be kept in view. In the first place constructive treatment, building up the system and keeping ahead of the constant depletion carried on. Second, the destruction of the bacilli, thereby removing the cause, and this Killgore's Creosote will do in a majority of cases, it wont perform miracles, it wont restore a moribund case, but in the main it will do good service. But the two methods must harmonize and either will fail without the other. In addition to these when the cough is persistent a spray of carbolic acid will be found invaluable, a solution in water in the proportion of one per cent. carbolic acid is fine and affords much relief.

Surgery.

Marie J. Mergler, M. D., Chicago, Editor.

REVIEW OF CURRENT LITERATURE ON SURGERY.

SURGERY OF THE RECTUM.

In a report on congenital malformations of the rectum and imperforate anus, given before the Philadelphia Pediatric Society, Dr. E. R. Kirby summarizes the treatment as follows:

1. An operation should always be performed without delay.

2. The opening should be made if possible at the normal side of the anus.

3. The use of the trochar before or after incision through the perineum is to be avoided.

4. The attempt of establishing an outlet for an imperforate rectum through the perineum does not usually result in the formation of a useful anus.

5. In case the formation of a useful anus does not take place, coliostomy should at once be performed.

6. The left groin is the best side for the establishment of an artificial anus.

7. The attempt to establish an artificial anus in the normal side after a coliostomy, is attempted with great danger and is usually unsuccessful.

* * * *

CONGENITAL ACCLUSION OF DUODENUM AND RECTUM.

Hess [4] reports the case of a child with atrèsia ani and occlusion of the external urethral orfice who lived two days, on whom an operation was performed. The autopsy revealed a hypertrophied bladder and also occlusion of the duodenum and rectum.

* * * *

PROLAPSUS ANI IN CHILDHOOD.

Schmey [2] finding prolapsus ani in children, associated

in each case with rickets. He adopted the anti-rachitic treatment (phosphorus) with brilliant results.

* * * *

CANCER OF THE RECTUM.

James P. Luttle [5] believes that over 10 per cent. of cancer of rectum can be cured and that the radical operation as a palliative measure is most successful and beneficial. He holds that the radical operation doubles the patients chance of life. The choice of method he recommends for cases in which the disease is limited to the lower 1½ inch of the rectum, Cripp's or Allingham's operation, resection of the bowel from below, supplemented by bringing down the new edge of the bowel and securing same to the anus if possible.

When the tumors extends 2 or 3 inches up the rectum he advises excision of the coccyx for the removal of the diseased portion. If the growth extends higher he advocates the Kraske method or one of its modifications.

* * * *

Frezinami [3] reports a case of carcinoma retic with a metastatic deposit in the femur and consequent fracture of the same. Secondary invasion took place.

* * * *

Gersung's method of restoring the Sphincter ani, after resection.

To avoid incontinence after resection of the sphincter G's method has been followed systematically in the Eiselberg Clinic.[1]

In resection of the coccyx and as little of the sacrum as possible the rectum is drawn down ½ c m below the sacrum, then twisted 120°–270° until its lumen is sufficiently closed about the examining finger. After this two rows of silk sutures are introduced, one above the other. The bowel is usually at once continent, although not in all cases completely so. Occasionally a slight prolapsus occurs.

REFERENCES.

1. Wein. Med. Wochen., No. 39–97.
2. Centnalbl. for Kinderhk., Vol. 2, No. 2.
3. Le Bull. Med., March 3rd.
4. Deut. Med. Wochen., Vol. 23, No. 14.
5. Lancet, April 24.

MORBID CONDITIONS COMPLICATING THE MENOPAUSE.*

By Ida C. Barnes, A. B., M. D., Topeka. Kansas.

SINCE at the beginning of the generative life the system takes on new activities and new functions, resultant from a rapid developement of the uterus and its adnexa; so at the close we find atrophy and degeneration of these organs occuring somewhat more slowly, requiring a readjustment to former conditions. How easily this is accomplished depends upon a good beginning made and a regular and healthful interim secured.

Nature, untrammeled, would present during this transition but little discomfort or disturbance of the physical or mental equilibrium, but unfortunately the advance of civilization has entailed a feebleness of physique ill calculated to withstand, unaffected, the burdens and accidents of maternity and the ravages of disease. A prominent factor in the consideration of the pre-climacteric and post-climacteric periods is the possibility always present at this time of life of a defective circulatory, or eliminative, or digestive, or nervous system, causing increased danger which only the carefulness of detail work will avoid or diminish.

I have felt that there is a lack of attention on the part of the medical profession, to the minor ailments, which are often precursors of serious disease as the menopause approaches. There is also certainly no good reason why women should go unrelieved of physical or mental discomfort even if the prognosis is good with regard to future health after years passed in nervous uncertainty and dread.

The pathology of this change involves, as we have before said, primarily the generative organs, the involution being ordinarily manifested, symptomatically, by a gradual cessation of the menstrual fluid, which means, when no change is made in the usual mode of living, not a less supply of blood; but simply a change into other channels and carried to other organs upon which the burden of elimination falls. The increased tendency to visceral congestion marks the pathway along which preventive medicine should show most beneficial results and in order to be forewarned a thorough examination

*Read by title before the Western Surgical and Gynecological Association, Topeka, Dec. 28, 1896, owing to a severe laryngitis which prevented the author from speaking loud enough to be heard.

of every organ of the body with reference to chronic lesions and functional activity should be made upon the slightest apprehension of any disability. The laity also should be instructed to attend to the lesser ailments complicating this period of life and thus ward off the greater ones.

The uterus is often the seat of organic disease which be comes not only the disturbing factor in preventing normal changes, but also one of the causes of general debility and diminished resistance.

The menopause usually occurs between the ages of forty-five and fifty-five years. although exceptions have been reported where prolonged to the sixtieth and even the seventieth year, also where begun at the fortieth, thirtieth and even the twenty-seventh years.

There have been unauthentic cases known as early as twenty three, but probably due to some removable cause, as for example, to sedentary occupations. Such a case I met with in my own practice in which a young lady, a school teacher, inclined to obesity, although apparently well and feeling well, ceased to menstruate for two years, at twenty-three. She had none of the disagreeable complications of the menopause and was only rendered somewhat anxious by the peculiarity of her case, however, at the end of two years she began to ride a bicycle and the menses returned with commendable regularity.

Hemorrhages often occur at the menopause that are without pathological basis and are transitory in their effect, It is no doubt due to this fact that the physician has learned to look with complacency upon this complication and to assure the patient that there is no danger and that time will prove an effective remedy. Far more of the cases are due to organic lesions of the uterus, tubes or ovaries, which may even prolong the menses or produce a hemorrhage which takes the place of the menses and occurs between them, and and still the patient is told that she must be patient and let nature take its course. Is there a gynecologist here that will defend such methods of procedure? It is obvious that the diseased tissues should receive the most careful treatment if alleviation or restoration is thus possible and, removal if not, unless an unfavorable issue is probable.

Some of the worst cases of metritis have been post-climacteric, in which a foul discharge was present, simulating

malignancy; but a microscopical examination showed no traces of this disease.

The hemorrhage of old women is often due to an œdematous change in the uterine mucosa which sooner or later results in malignant degeneration and this is one of the great dangers to be avoided at this time. Increased or irregular flow should create a suspicion strong enough to warrant a careful examination. Since malignant tissues can be removed only in the very incipient stage with success, let not any physician permit himself to take such a risk, if an examination is refused, but place upon the physician herself all the responsibility.

Statistics have shown that the number of cases of malignant degeneration in women increase up to fifty-five years; greatest between forty-five and fifty-five years, and then gradually decrease.

Malaria or diseases of the spleen or pernicious anemia often give rise to metrorrhagia which disappears with proper treatment.

Metrorrhagia may be also due to some disturbance of the circulatory system.

In the visceral congestions arising from a disturbed circulation, the following conditions are particularly to be noted; congestion of the lungs, of the liver, cerebral hemorrhage, hemorrhoids, hematuria, a return of the menses, profuse perspiration and periodical gallactorrhœa.

The nutritive disorders appear in the form of obesity and plethora, in the return of scrofulous manifestations or chlorosis. Charcot says that the first manifestations of gout and rheumatism often appears at this time, also menstrual exanthemata may exhibit new vigor or become chronic.

The nervous disturbances are vertigo, palpitation, flashes of heat and neuralgia, particularly of the ovary, paraplegia, a recurrence, or appearance for the first time of hysterical or epileptoid manifestations. also in the degenerated or in those having a hereditary predisposition, various psychoses appear. All mental and nervous phenomena are the most marked and the most constant and the least exagerated by the laity or profession. Women with marked neurotic temperaments frequently culminate in insanity. This form of insanity is regarded in a measure favorable in prognosis.

Skae reporting 55 per cent. of recoveries in an article written upon the topic; Sutherland 40 per cent., and Merson 50 per cent. If recoveries are possible in so large a per cent., is it not reasonable to believe that preventative treatment might have relieved many from such disastrous results, and that in the line of promoting functional organic ability.

We have also the consideration of the artificial menopause produced by the removal of diseased ovaries and adnexa. This differs from the menopause at the natural period of life in that it is usually a sudden cutting off of the menstrual flux instead of the gradual cessation which should usher in the first climacteric period. The nervous symptoms usually occur with unfailing regularity but since the patient is generally under the immediate care of the physician many of the disagreeable syptoms are avoided in the routine treatment given, and since many of these patients also are comparatively young they escape the complications arising from degenerated organs and tissues unless produced by the disease for which the ovaries were removed.

HU KING ENG, GRADUATE OF AN AMERICAN COLLEGE.

Miss Hu King Eng, M. D., the only female native of China who has ever graduated from an American medical college, has just received very high honors in her own country. Following close upon her appointment as sole delegate from China to the woman's medical convention, to be held in London next June, comes the announcement that Li Hung Chang, China's grand viceroy, has appointed her first physician in his private household. Never before has this high office been given to a woman.

In spite of the fact that her grandfather's was the second family in China to embrace Christianity, this young woman's accomplishments are of such a nature that they have inspired the admiration of all who are acquainted with her.

It was during Li Hung Chang's return to China after his recent visit to the United States that he first heard of his countrywoman from some friends of hers who happened to be passengers on the same vessel. A few weeks later he communicated to her through a personal envoy the informa-

tion that she had been appointed delegate from China to the woman's medical convention in London. Hardly had the young physician had time to grow accustomed to the contemplation of this honor before the news of her appointment as first physician in Li Hung Chang's household was brought to her.

Previous to this appointment Dr. Eng was a practising missionary physician in Foo Chow, China. She was also one of the attending physicians at the Woman's Hospital in that city.

Dr. Eng was born near Foo Chow in 1866. Her grandfather was a military mandarin, and early in life embraced the Christian religion and succeeded later in converting his six sons to the same faith. One of these, Hu Yong Mi, was well known througout the kingdom as a religious worker until his death, a few years ago. Though a zealous Christian he was uneducated and had never been outside his own country.

Hu King Eng was the second of Hu Yong Mi's five children. Though adopting Christianity, she possessed more of a studious than religious temperament, and her father decided that she should be given a good education.

She was sent to the Foo Chow mission boarding school, and after graduating there came to New York under the charge of the Woman's Foreign Missionary Society of the Methodist Episcopal Church. Her intention was to spend 10 years here in learning the manners, customs and language of the American people. This she did, and more, too, for a few years after her arrival in this country she began a special course of study in Wesleyan University, Delaware, Ohio, preparatory to adopting the medical profession.

Miss Eng was admitted on examination to the Woman's Medical College of Pennsylvania in 1890, and there she studied with a steady persistence and unwearied patience that endeared her to the hearts of instructors and students alike. Her adaptability for her chosen profession was evident to all. She was quick to learn and was soon ranked among the leaders of her class.

During her second year in college Miss Eng was taken ill with typhoid pneumonia, and returned to her home in Foo Chow, where she remained until the following fall. Upon reentering her class she began work with renewed zeal. She

had little difficulty in catching up, and at the close of her third year was graduated with high honors.

Dr. Eng spent a year and a half in post graduate and hospital work, and then returned to her own home, where she continued in active practice until her recent appointment in Li Hung Chang's household.

THANKED PROFESSOR VIRCHOW.

After the scientificate proceedings of the International Medical Congress at Moscow had been brought to a close, a deputation of Russian lady doctors waited on Prof. Rudolf Virchow, who received them in the apartments assigned to him by the Czar in the Kremlin. The spokeswoman of the deputation thanked the great pathologist in the name of her professional sisters for his championship of the cause of the medical education of women. Professor Virchow, in returning thanks, spoke-highly of the ability shown by Russian female students of medicine, and expressed the opinion that the Medical Institute for Women, recently opened in St. Petersburg, had a future of usefulness before it. He invited the Russian lady doctors to make free use of his Anatomico-Pathological Institute if they ever had occasion to visit Berlin.—*British Medical Journal.*

Dr. Anna M. Flynn, of San Jose, recently met with a painful accident at Capitola, California. While she was in the surf near Fisherman's Camp an unusually large wave struck her and hurled her against a rock. One leg was broken at the knee, and she sustained other injuries.

Dr. Effa V. Davis, of Chicago, has been appointed Demonstrator of Obstetrics and chief of outdoor clinic in Rush Medical College of that city. This great institution hitherto has admitted only men within its precints. Dr. Davis has an extensive private practice, and her fitness for the position has been shown in addition by her work as clinical instructor in gynæcology at the College of Physicians and Surgeons, another institution which barred out women until its aliance with the Illinois State University. It is pleasant to note that the Rush students have received Dr. Davis with marked respect.

The Book Table.

THE anticipation of a cosy fire and a comfortable room plus a desirable book, is sufficient to lure any of us from the most pessimistic mood. The harvest of books this year has been like the wheat harvest, remarkable for the general excellency of the yield. There have been no startling features, no books like Trilby or Robert Elsmere, that set the reading world a thinking—perhaps The Christian may, perhaps Equality has, but we do not think so, it seems to us that while '97 has produced no literary giants, but is has produced a most wholesome array of good level headed authors.

One of the features of the year has been the revival of interest in stories of the days of our war for Independence. This was set in motion perhaps by Weir Mitchell's "Hugh Wynne," one of the books of the year. "Quo Vadis" is another success, and so is "Soldiers of Fortune," and so is ———, and ———. Each filling in the blanks according to individual proclivities.

But no more do we like to talk shop, than to read shop; and so for these two months we will if you please, talk about "other books" which rather ambiguous term will I hope seem intelligible to us all.

Stories that have 'go' to them invariably please the average reader, for the love of action is part of life.

Then too the fiction of the present day has bound up in it. more varied possibilities than the novelists of old times ever dreamed of. Were Scott, Dickens, Thackeray, or Charlotte Bronte to appear to-day, the form of the novel, and the philosophy so deftly arranged within the covers, would appal them. Like Old Mother Hubbard, they would ponder over their own identity and say "If this be I" etc.

Such has been the advance in the art of printing that the appearance of books is much improved, daintier bindings, handsomer type, more elegant paper, unite in producing a perfect volume, one that is good to look upon.

With the multiplication of facilities has come the multiplication of publishers, and many changes are noted in the world of book makers. Time was when the publishing

houses of the countrs could be counted on our finger ends, now it requires a directory to locate the prominent ones.

But to the new books.

From LITTLE, BROWN & CO.,
Publishers, Boston.

Romance and Reality of the Puritan Coast, *with many Little Picturings, Authentic or Fanciful. By Edmund H. Garrett. Uniform with "Three Heroines of New England Romance". 12 mo., cloth, extra, gilt top, $2.00. Full crushed morocco, gilt edges, $4.50.*

The feeling that you have been to the place, that you have in verity seen it, while the reverse is really the case, is the mental condition you find yourself in after reading Mr. Garrett's book.

He has the happy faculty of taking us along with him, of making us see what he saw, as he saw it; made his eyes, our eyes; his point of view, our point of view.

The drawings that are in the book illustrate the text most admirably and illumine the work most daintily.

Mr. Garrett has the pleasing gift of selection and knowing what will interest.

He takes us to the home of Moll Pitcher, to the scene of Arthur Dimmesdale and Hester Prynnes tragedy, to the quaint old Puritan towns and to the byways and sidepaths of early days in New England.

A true lover of nature, he takes us to the choice outlooks, and we are rewarded with fine visions.

Mr. Garrett is the possessor of a very large fund of well selected words, which he assembles into most capable sentences.

* * * *

In Buff and Blue. *Being certain portions from the Diary of Richard Hilton, Gentleman of Haslet's Regiment of Delaware Foot, in our Ever Glorious War of Independence. By George Brydges Rodney. 16mo., cloth, extra, gilt top, price $1.25.*

Stirring times made stirring scenes, and these scenes have inspired a most stirring story, with not a dull line in it.

Buff and Blue is historically correct and brings vividly

before us the part taken in the war for independence by our Delaware troops.

Mr. Rodney is also fair and his English characters are neither ruffians nor villains, and neither are his American all angels.

Tameness does not enter in between these covers, and there is not a stupid scene nor a prosy sentence to fatigue the reader, but a zest, a fire that stirs the very soul of the reader and makes us all glad that we are descendants of the fathers of '76.

We need such books as this, in these days of political strife and of ambition for political preferment, we are to apt to forget sincere patriotism and forget that this great country of ours is worthy the highest, truest motives and best efforts.

* * * *

Flint: His Faults, His Friendships, and His Fortunes.
By Maud Wilder Goodwin, author of "The Head of a Hundred," "White Aprons," "The Colonial Cavalier," etc. 16mo. Cloth, extra, gilt top, $1.25.

Like a breath of fresh air comes 'Flint' to our table.

The opening sentence catches the attention, the succeeding ones interest and finally fix the whole mind on the charming narrative.

Every line is well written and every word judiciously chosen, the theme new and the story good, what more will you have?

The author is fortunate in her characters and her women are alive, up-to-date, earnest and sympathetic while Flint is a young man of character and decision.

There is the pungent flavor of New England character, with the incisive speech and the quaint dialect.

Miss Goodwin combines in her story the best features of the best New England fiction writers, and her stories are good from cover to cover, with not a stupid line intervening.

Tell you about the story? Read it; the brief resume that I could give would only ruin the fine humor, the keen insight, the clever recital, and so all I can do is to suggest that you read it at once, and by no means defer this pleasure.

From AMERICAN BOOK CO.,

Publishers, New York.

The Mastery of Books. *Hints on reading and the use of libraries, by Harry Koopman, A. M., pp. 214, price $1.00.*

The author presents his subject most concisely and sharply, so concisely and sharply that he is a trifle brusque and rather didactic, but on the whole the book is full of helpful suggestions to those who require suggestions and perhaps it were better for us all if we accepted them more amicably. Mr. Koopman however is in love with his subject and presents books and reading very attractively, and sums up his conclusions with a very complete list of books on various topics, that ought to be very useful for those who want tools and do not know just where to get them.

For the new student ambitious for learning, but appalled at the multitude of books, a very embarassment of riches, he will find in this book an ideal help.

* * * *

A Study of English Words, *by Jessie MacMillan Anderson, pp. 118.*

No department of English literature is more fascinating than the study of words and Miss Anderson is most fortunate in her method of handling the subject. Although the book is elementary, still it is a step along a path that is full of interest and valuable information.

Trench in his study of words continues this subject most entertainingly and his history of words will leave an impression that is not easily forgotten or eradicated and Miss Anderson's book is a valuable prelude to it.

From LAIRD & LEE,

Publishers, Chicago.

Hours with the Ghosts; or, XIX Century Witchcraft, *by H. R. Evans. Bound in Holliston cloth, rough edges, polished red top, $1 00.*

This has certainly been a decade of prying into mysteries and the author has interested himself in Spiritualism and Theosophy.

It remains to be seen whether the expose will expose,

and whether Theosophy and Spiritualism will be relegated to the rear in the march of progress.

The text is well illustrated, the book well arranged and for those who are investigating occult matters an "Hour with the Ghosts" will not be misspent.

* * * *

Jupiter Jingles; or, A Trip to Mystery Land, *by Annetta Crafts. Price, 50 cents.*

Mythology is most daintily displayed in this exquisitely illustrated little book for little people. Its lessons in Mythology jingle in our ears and stay with us whether we will or no and involuntarily we find ourselves saying:

"Jupiter said:
I've a pain in my head,
Bring Vulcan the Smith to my bed.
His ax he must grind
And this pain he must find
By chopping a hole in my head".
At the very first chop
Right out then did pop
The very wise maiden Minerva!
And Jupiter said,
As he closed up his head:
Such luck I did never deserve-a."

From LEE & SHEPARD,

Publishers, Boston.

Dreams in Homespun, *by Sam Walter Foss, Author of "Whiffs from Wild Meadows" "Back Country Poems." Price, $1.50.*

America has certainly produced a class of poets of its own, men who have dwelt near to nature's heart, men in whom nature has had a chance to produce an image of itself, men in whom the touch of nature make the whole world kin. Such men as Whitcomb Riley, Eugene Field and lately Sam Foss who is the author of these charming dreams in homespun, choice bits of verse welling up from an honest love of nature and nature's children.

The verses are as simple as the topics are unpretentious but they carry with them the virility of the true poet.

Mr. Foss may be better classed with Eugene Field, perhaps, than with any other writer, and his lyric's have a fashion of sticking in the mind, of staying with you and saying themselves over and over again.

* * * *

Queer Janet, *by Grace Le Baron, Author of "The Rosebud Club" Little Miss Faith" "Little Daughter" etc. Cloth, Illustrated, Price, 75 cents.*

Someone has said that while any one can write a novel it takes an artist to interest children and Grace Le Baron has certainly a claim to the title of artist in her story of 'Queer Janet'. A little girl who is very fond of stories said to me once that she didn't like goody goody stories where the good little girl dies young and promptly goes to heaven. Well, she wont find fault with 'Queer Janet' who is a most charming as well as as original girl—like all of our girls our.

You wont make a mistake if you put Queer Janet in the hands of a girl for it will do her good... A number of so-called juvenile books are so over drawn, so over wrought that they are almost pernicious in their action on the growing mental life, so easily impressed and so quick to retain impressions.

Of this author's stories a reviewer says:

" 'Queer Janet' can be read by boys as well as girls with equal pleasure, and like the Hazelwood Stories—by the same author—we may venture to say that older readers too can derive an enjoyment from it not always found in juvenile stories."

* * * *

The Happy Six. *By Penn Shirley, author of "Little Miss Weezy Series" "Young Master Kirke" "The Merry Five" etc. Cloth, illnstrated, price 75 cents.*

This is a story for the little people whe are just old enough to read for themselves and who need to be started right on the road to reading. The stories remind us of the old and beloved Dotty Dimple and Little Prudy which formed an important part in the childish library.

There is a thread of travel running through the story that gives instruction along with the recital and makes geography more of a fact to the child.

On Plymouth Rock. *By Col. Samuel Adams Drake, author of "Watch Fires of '76" "Decisive Events in American History" 4 vols., "Our Colonial Homes" etc. Illustrated price 60 cents.*

The impressions made upon the minds of children are usually retained during life's progress as fixed facts. It is like impressing the image of a lock on wax, the resulting key opening to a vast storehouse of future knowledge, and whether it be for good or ill depends largely upon the early material for making the impression.

This story of Plymouth Rock will be a most valuable one for all children. It is full of interest, full of romantic suggestions, full of life and of action and the moral is good. The people are good and Massasoit is a character worthy of our emulation and respect.

The illustrations are fine and enhance the value of the book much.

* * * *

Her Place in the World. *By Amanda M. Douglas Cloth, price $1.50.*

The one thing that impresses you in this story is the pessimistic view of marriage, and the discouraging conditions which ensue; the shadows of which are thrown out the stronger by the contrasting light of the happy, peaceful, well ordered home of the business woman.

Miss Douglas' business woman, is the ideal business woman, and she is a joy to behold—all things good come to her and dire are the disasters that befall her unsympathetic relatives.

"Her Place in the World" hinges on the position of the new woman in marriage and makes clear a happier, more permanent life. Miss Douglas has no sympathy with the woman who marries for a home; no love for the woman who accepts marriage as an end to ambition, and ceases to do her share in the world. She believes in waiting until the right love comes, the love that carries all before it.

Her picture of suffrage workers is over drawn and we fancy Miss Douglas has been unfortunate in the suffrage workers whom she has known.

The book is wholesome, honest, good and true, good for young women and young men, for it will set them thinking.

Earliest Effects: Best Results.

(Package most convenient; absolutely sterile.)

Mulford's Diphtheria Antitoxin

" Potent " and " Extra Potent,"

Conforms to all the highest requirements, being:

(*a.*) The most concentrated product.
(*b.*) It is of uniform potency.
(*c.*) It is absolutely reliable.
(*d.*) It yields the promptest effects and the best results. *Write for special literature.*

H. K. MULFORD COMPANY,

CHICAGO. ***PHILADELPHIA***

From HOUGHTON, MIFFLIN & CO.,

Publishers, Boston, Mass.

The Revolt of a Daughter. *By Ellen Olney Kirk, pp 338, 16mo., bound in cloth, price $1.25.*

Ellen Olney Kirk's men and women are peculiar in this, while they may not impress you very deeply on first acquaintance, somehow they stand silhouetted against the clear sky of your imagination, becoming more and more fixed as time elapses.

It was this way in "Queen Money", and also in "The Story of Margaret Kent", the story was not so much, nothing unusual, but somehow the memory stayed longer than the memory of the unusual story.

One reason is that Mrs. Kirk's stories are healthful, there isn't a morbid idea in them. Her people are good stirring folk and they love and unlove in a perfectly natural way.

In "The Revolt of a Daughter", Kitty becomes jealous of her mother, but then that is possible and makes the story more pungent because of this condition.

Thers is a latent strength in this story and a heat that warms us to higher, better ambitions—or perhaps a desire to demonstrate our old ambitions. We feel optimistic, but unsatisfied with present conditions. The men and women are so real that they seem near, and the experiences of each is personal to us all.

* * * *

The Story of an Untold Love: *by Paul Leicister Ford, pp. 348, 16 mo., price $1.25.*

Mr. Ford has certainly demonstrated several things in this book; first, that he can tell a good story—second, that the art of letter writing is not dead.

His "Story of an Untold Love" is a most exquisite piece of work. It is a difficult matter to make a series of letters interesting even though the theme be love. The story is just what it purports to be—a love tale sweetly told, but it has much dramatic incident, much keen portrayal of character. much fine description of student life at Heidleberg.

* * * *

A Browning Courtship, and Other Stories. *A group of charming short stories by Eliza Orne White, 16mo. $1.25.*

Sub rosa we all exclaim occasionally, "there's too much posing," perhaps we become definite and we, too, say "too much Browning", so we feel a chord vibrate in sympathy with the dear girl who had a surfeit of high motives and endeavors. The air in this region is too rarified for most of us and we are glad to come down to the plane of the commonplace.

"A Browning Courtship" is a treat and so are all the stories in this book. The author has such a fund of humor, such a solemnly funny way of saying things that her book is irresistable.

You forget sordid life, cranky patients, irritable exact-mothers, and laugh and are glad that you can laugh and be happy.

A QUINTETTE OF CHOICE BOOKS.

Thomas B. Mosher, Publisher, Portland, Me.

Sad to say the publishing world during the past few

years has seemed more ambitious to get out new things, than good things, and the result has not been for the advancement for the art of book making.

The literary world is certainly indebted to Mr. Mosher for his work to advance the art of book making. His books will of course only appeal to the lover of artistic and rare books, and his field will be somewhat limited because of this fact, but those who do appreciate fine books have a feast prepared for them. Each book is a gem, each book is rare, each book is limited, each book is an *edition de luxe.*

THE WOMAN'S MEDICAL JOURNAL counts itself very fortunate because Mr. Mosher sent it five volumes for review, the five being

Long Ago, *by Michael Field, Bibelot Series. $1.50.*

An Italian Garden, *by A. Mary F. Robinson, Bibelot Series. $1.50.*

Sonnets from the Portuguese, *by Elizabeth Barrett Browning. Old World Series. $1.00.*

Atalanta in Calydon, *by Algernon Charles Swinburne. Old World Series. $1.00.*

Sonnets of Michael Angelo, *translated by John Addyngton Symonds. Old World Series. $1.00.*

The titles are familiar to us all, but much as the books deserve, never have they been so handsomely presented as now, and each reader will do an injustice to herself and her friends if she does not ask Mr. Mosher for a catalog at once.

The books are printed on Van Gelder hand made paper with a binding of Japan paper, all enveloped in a parchment wrapper with golden seal, and finally enclosed in a dainty box. Each is an offering worthy of the choicest friend.

WILLIAM DOXEY,

Publisher, San Francisco, California.

Yermah the Dorado: *by Frona Eunice Wait. Cloth, 350 pp Price, $1.25.*

The time in this book is shifted so constantly that the reader is bewildered in the very beginning, and added to this the ever changing point of view, and the discordant and unpronounceable names, makes the tax upon the reader great.

Then again there is an unpleasant didactic strain through

the story, a feeling of desire to exhibit antiquary lore, that strikes the reader unpleasantly. Perchance those who are familiar with pre-historic races will be interested and I doubt not the prejudice exists from ignorance, but still it presents itself.

Yermah is handsomely printed and most artistically clothed in a very deep maroon cover and Mr. Doxey is to be congratulated on his success in putting up a first-class book.

MEDICAL BOOKS.

About Children: *Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital in February, 1886. By Samuel W. Kelley, M. D. Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); 180 pages. Price, in buckram, postpaid, $1.25, net. The Medical Gazette Publishing Company, Cleveland, O., 1897.*

Dr. Kelly's "About Children" has met a long felt want for family use. The doctor, generally speaking, is so often asked for a good reliable book on this subject of children, and now we have one which is scientific, practical and readable for the laity. It is a work every nurse should possess. The medical student can also glean largely from the "little things" that trouble you so often about children. Altogether the work is a very useful and helpful one and makes a good reference book on this subject. Dr. Kelly is an earnest and conscientious worker and we most heartily wish the the work success. L. G. T.

* * * *

Manual of Diseases of Women: *by Bland Sutton, F. R. C. S. Arthur E. Giles, England. Published by Saunders, Philadelphia. Price $2.50.*

A hand book for students and practitioners, with 115 illustrations, 450 pages.

It has been the desire of the authors of this manual to condense the science and art of gynecology in a way that may be useful to the medical student for final examinations for college work.

It serves as an excellent work for the cramming pro-

cess. It is short and concise but is too much so for a text book. The book is simple and clearly written and contains many facts of diagnostic importance. L. G. T.

OTHER PEOPLE'S HOUSES.

The interiors of one thousand of the most attractive homes in the United States have been photographed by *The Ladies Home Journal.* One hundred of the best of these pictures will be reproduced in that magazine. The first article of the series—"Inside of a Hundred Homes"—appeared in the October Journal, Bed-chambers, reception and dining rooms, bath rooms, halls and apartments of every kind will be pictured just as they are in daily use. Each picture contains dozens of suggestions. Every woman is interested in taking a peep into the most attractive homes in the land, to see how they are furnished and arranged. She wants to get practical hints and new ideas for furnishing her own. The houses photographed by the Journal are those occupied by persons of moderate income. Their interior arrangement shows what perfect taste can accomplish with a little money and the touch of a woman's deft fingers. Homes in every State in the Union—from Maine to California—were photographed for the Journal's unique and useful series.

COMING BOOKS.

Dodd, Mead & Co's preliminary announcements for the fall season include, in fiction: R. D. Blackmore's "Dariel", new romance of Surrey; Henry Seton Merriman's "In Kedar's Tents"; George Macdonald's "Salted with Fire", the story of a minister; W. Clark Russell's "The Two Captains"; Amelia E. Barr's "The King's Highway"; Max Pemberton's "The Queen of the Jesters", and Joseph Hocking's "The Birthright".

In Belles Lettres they will issue a "History of the Literature of the Victorian Era", by Clement K. Shorter, author of "Charlotte Bronte and her Circle"; a new and uniform edition of the works of Hamilton W. Mabic; a holiday setting of Shakespeare's "Hamlet"; W. Clark Russell's "Pictures from the Life of Nelson"; Professor Barnett Smith's account of Colonisation in the United States; James Schouler's "Consti-

tutional Studies"; a new book on the Brontes by Angus Mackay, and Paul Leicester Ford's edition of the New England Primer. We note also a batch of books dealing with the history of music and the stage, notably Fitzgerald Molloy's "Romance of the Irish Stage" probably in the vein of his entertaining, if flippant, "Lady Blessington"; Camille Bellaigue's "Portraits of Musicians", now happily translated from the French, and another book from the same tongue in Filon's account of the English stage of to-day, with an introduction hy Henry Arthur Jones; and finally Miss Guerber's "Stories of Famous Operas", following along the lines of her study of the Wagnerian dramas.

CHICAGO'S GREAT DITCH.

The city of Chicago is so remarkable in every way that we haved ceased to view with surprise any undertaking which it may assume. After its White Wonder, risen like a dream from out of a bleak morass; after its thirty-story skyscrapers floating on the unstable foundations of a bog, we can in no wise marvel that it should build a drainage sewer to carry a volume of water as large as the Ohio River, and costing $30,000,000.

But the import of the Chicago Drainage Canal has been obscured by its name. Few, besides engineers, realize that its unique contrivances, its monster machines and novel methods of construction, were to show this nation how it might be possible to build a canal which would carry a boat from New York, at the mouth of the Hudson, 2,000 miles inland, to the base of the Rocky Mountains.

A CANAL AS BIG AS THE OHIO.

The canal is in reality a huge artificial river. Its functions as a sewage carrier promise to become as relatively unimportant to its larger use for the purpose of navigation as the Mississippi at St.Louis or the rivers which wash Manhattan.

Primarily it will be Chicago's harbor. It will be 28 miles long, and with a depth of 26 feet and a surface width of 200 feet it will admit any vessel which sails these inland seas. It is here that Chicago has exhibited a long foresight. The Federal Government has now particularly completed the work of opening a 30 foot channel from the further end of Superior and of Michigan to Buffalo; but there are as yet no

harbors on the lakes of similar draft. It is just this that the drainage canal will provide for Chicago, with an inevitable stimulus to its lake carrying trade.

THE WORLD'S GREATEST INLAND PORT.

Already the Western metropolis is the greatest inland port in the world, and in point of tonnage the world's third port, inland or seaboard. The new harbor will be the finest and the largest on the lakes and afford unlimited water frontage and dock room.

More than all this the canal must eventually form part of a broad channel from Lake Michigan to the Mississippi and the Gulf of Mexico. With an extension of 66 miles from the present terminus at Lockport it will carry navigation to the Illinois River and pour into the latter such a stream as will multiply its present volume sixteen times. It will make the river navigable to craft of 14 feet draft from its junction with the canal to its mouth.—"From the Lakes to the Sea". by Carl Snyder, in *American Monthly Review of Reviews* for November.

The Women's Medical School in St. Petersburg has opened with 160 students. Nearly an equal number of applicants were refused admission for want of room. It was at first determined that only members of the Orthodox Greek Church should be admitted, but a recent ukase had modified this so that other women may be received, provided their number shall not exceed five per cent. of the total. So many applied that the full number allowed by law were admitted. They are obliged to pursue the same course of study os their orthodox sisters, including the study for six months of dogmatic theology. The other subjects for the first year are anatomy, histology, physiology, botany and chemistry.

SPECIAL SERVICE BETWEEN ST. LOUIS AND LOS ANGELES.

The Sunset Limited, formerly scheduled between New Orleans and Los Angeles, will hereafter leave St. Louis via Iron Mt.—T. & P. and Southern Pacific. Westbound trains leave Tuesdays and Saturdays 10:00 p. m., eastbound Tuesdays and Fridays 10:30 a. m. These trains are perfect in all detail. Composite car with bath and barber shop, compartment car with ladies observation parlor, sleepers and dining room, vestibuled throughout.

Holders of first class tickets only are allowed on these trains.

For further information call on nearest Agent of the Clover Leaf Route or address, C. C. JENKINS,
Gen'l Pass. Agent, Toledo, O.

N.B.—The tourist car will leave St. Louis, Thursdays, beginning Nov. 11th, via same route.

The Woman's Medical Journal.

VOL. VI. DECEMBER, 1897. NO. 12.

THE USE OF THE CURETTE IN ENDOMETRITIS.

Lillian G. Towslee, M. D. Cleveland, O.

THAT endometritis is of special importance in the treatment of diseases of women, the Gynecologist meets with it more frequently than any other disease is a well known fact. Therefore the curative treatment constitutes a large amount of the prophylaxis of other pelvic diseases. If the endometritis could always be removed before the inflammation extended to the tubes and ovaries, gynecological work would be simplified, as endometritis is frequently the forerunner of salpingitis and ovaritis. What is most to be feared is that the inflammatory process will extend to the uterine appendages. There is no doubt salpingitis is caused by an inflammatory condition of the endometium.

In many cases chronic endomitritis is complicated by metritis and salpingitis as the disease has a tendency to spread to the tubes, for the anatomical structure is nearly the same. It is important to treat it in the early stages. But as a rule a woman does not consult a physician until the disease has reached the chronic state, unles it be of specific origin and in many of these cases even then the gonococcus has passed into the tubes and ovaries.

The disease may be limited to the cervix though usually the whole uterine canal is involved. In time the local disease will make an impression on the general health. Patient is easily fatigued, becomes anaemic, loses energy, appetite impaired. often nausea—so called uterine indigestion— becomes nervous, irratible, easily excited and often hysterical.

An easy division of endometritis is into Simple, Specific and Septic.

Simple endomitritis is found in girls, especially in cases where there is a stenosis of the cervical canal. A few drops of blood may be pent up at the close of each menstrual

period and decompose and thus set up a slow process of inflammation until in time (it may be short or long) the uterus becomes enlarged and we have a metritis as a complication; or the uterus becomes too heavy for the ligaments to hold it in place and we the have a displacement, more often a retroversion, exaggerated cases a retroflexion, more rarely an antiflexion. In delicate girls and women the mucous lining of the womb becomes degenerated causing uterine catarrh. But exposure or wet feet may cause an endometritis.

When there is no disease of the appendages the uterus can be examined with a sound, taking care that it is aseptic. If the sound handled carefully causes bleeding or pain, there is a diseased membrane which should receive prompt treatment. The following is a typical case:

MISS D. consulted me May, 1890, age 22, cloakmaker. Menses first appeared at age of eleven, duration four days, regular. She had intense pain at period so was obliged to go to bed, gradually growing worse, the last two periods she had spasms. Bowels constipated, bladder and urine normal. Intense pain in both iliac regions, backache constant, very nervous and palpitation of heart. Examination revealed a stenosis of the cervical canal with endometritis and an enlarged tender left ovary, the size of an English Walnut. Treated patient and ordered hot water douches, tampons, for nearly two months when the annexae were so much improved that I felt justified in dilating and curetting the uterus. Found a large amount of fungoid tissue. Patient remained in bed two weeks. The dysmenorrhoea was relieved and has never returned nor has she since had any pelvic trouble. In her case the stenosis was undoubtedly the cause of the endometritis and this inflammation had extended into the appendages. The dilation and curetting relieved the complications as well as the endometritis. These cases when not taken in time may develop a chronic salpingitis, ovaritis or pelvic peritonitis.

The treatment of specific endometritis is the most unsatisfactory as there is a recurrence in a large number of cases. In all probability the trouble has only been relieved temporarily yet there is a possibility that the disease has not only been checked, but permanently cured. These are about the most doubtful and discouraging cases the gynecologist has to handle.

Septic endometritis is more common after abortion than labor. Before the day of antiseptics a large number of patients in lying in hospitals had a rise of temperature which was due to sepsis or septic endometritis. After abortions great care should be used to prevent such a condition by removing all membrane. The curette is one of the most useful instruments.

No physician should hesitate to use the curette especially in cases of sepsis following abortions where the membrane cannot otherwise be removed. There are many cases where women have been left days after they became septic.

Why risk a woman's life by having her exposed to the dangers of blood poisoning when we have a safe and prompt relief by curetting? I have been called to cases treated for malaria and found the uterus filled with decomposed membrane. In none of these cases has the curette failed to relieve. I well remember a case where I was called to a hospital to see a woman who had suffered from an abortion six weeks previous. Temperature was subnormal for a week, emaciated, cold extremities, vomiting incessant, she had received nourishment by rectum for two weeks. On examination found vagina and uterus filled with foul decomposed membrane. Physician in charge could not understand why the vomiting could not be controlled as nearly everything in thc Materia Medica had been used. On the tenth day after curetting and washing out the uterus had the satisfacaion of sending the woman home to care for her four little children.

Nothing but prompt relief by the curette would have saved this woman's life. Many lives are sacrificed because physicians do not appreciate the value of the curette.

In endometritis it is of special importance to secure good drainage.

Treat a chronically diseased uterus as you would a sinus, keep up good drainage and you will get good results. In uncomplicated cases dilating and curetting gives the best results. This little operation requires the same care and as strict asepsis as any operation on the uterus. Many bad results occurring in these cases are due to lack of strict asepsis patient should be thoroughly anaesthetized before operating. Strips of Iodoform gauze placed in the uterus

act as an antiseptic and will secure good drainage. There are many cases that have been successfully treated by tampons of boro. glyceride or ichthyol and hot water douches. The benefit obtained by this treatment is in the improvement of the pelvic circulation. Hot water douches and tampons are valuable in all, and curative in mild cases. When there is a fungoid endometritis use the curette. In such cases intra-uterine treatment should follow and not precede the curetting. Intra-uterine applications can be made without much pain if the os is patulous and canal not constricted. After an application to the endometrium the patient should rest an hour or two.

I remember hearing Gill Wylie remark in his clinic, "he had a reputation as laparotomist, but he had done more good to womankind by his treatment of endometritis than in any other phase of pelvic work." My own experience in curetting about three hundred cases has been very satisfactory and in no case has the operation produced secondary complications but often relieved those pre-existing.

FLOATING KIDNEY.

By Sarah E. Post. M. D., Brooklyn, N. Y.

IN a recent issue of the *Medical Record* the following very interesting case is reported:

Recently a patient sent for me, complaining of abdominal pain, nausea, anxiety, and general distress. I found the woman in bed. Examination easily found the right kidney presenting, its upper border, I think, inclining to the abdominal wall. The patient is the mother of ten children. I have found the relative frequency of these cases somewhat determinable. My first case I came to in the dispensary of the Woman's College as early as 1883 or 1884, my first year of practice. The complaint was in a young woman, who appeared at the clinic of general medicine. Difficult urination was the prominent symptom. The kidney was not made out, and the diagnosis depended upon the nausea and the general distress. Another case was met about five years later in the Demilt Dispensary, evening class, then devoted to general medicine. This woman did not show the displacement at the time. An-

other time I was called to her house and found her in bed, with the kidney easily recognizable. This woman was about thirty-five years of age, and had an unyielding retroflexion of the uterus. A truss was fitted to the kidney. A third case was met almost five years later in the same clinic, then given up to gynaecological and skin troubles. I mention the latter because the patients did not have to ask care for a gynaecological complaint, and the inference is not clear that this one came even suspecting such a trouble. In my last case my first thought was to anticipate miscarriage and to look for the enlarged uterus. Even with the third case in mind, however, I have no ground for thinking that the patients themselves ever make this mistake. The third case was in a woman twenty-five years of age. She came in the height of the distress, with all the symptoms marked—flushed face, difficult urination, nausea, and pain, distress and anxiety predominating. The kidney could be found protruding. It could be returned and held by a compress and bandage.

In fifteen years' practice, including dispensary work, four of these cases have come to me, the intervals being nearly uniform, each being about five years. The first year brought a case as serious as those that came to me later. The use of a compress and bandage with a week in bed has been the usual treatment. I have not found the cases such as to suggest operation. The second patient has returned to me. One has such attacks only now and then. Another had had one such attack six years previously.

A CASE OF SYMMETRICAL CONGENITAL GANGRENE.

By Dr. Henrietta A. Stoffregen. St. Louis.

Mrs. A. K——, American of German descent, aged 25 years, married seven years, is perfectly healthy, of a lively disposition, a blonde with blue eyes, and weighs 160 pounds, her height being 5 ft. 5 inches. Her husband is a German and healthy. She has three living children. Her child-bearing history is as follows: one girl; aged six years, the oldest child. Then she had a miscarriage. The next child

was a girl, now two years and two months old. I attended her during this confinement, the labor being perfectly normal, both mother and child being in good condition. The last child was a baby boy, born March 15, 1897. I attended the mother on this occasion, and this is *the interesting case.* Labor began at 7 o'clock p. m. I was at the bedside of the parturient woman soon after, and found the os uteri dilated about two inches. Examination showed a left anterior vortex presentation. The pains were at first slow and irregular, but soon became regular every ten minutes and lasting. There was no amniotic fluid, it being complete dry labor. The child was born at 9 o'clock p. m.

His weight was about fourteen pounds. His whole face and a part of the head was covered with a membrane (amnion) which was closely adherant, and which I quickly detached. There was no sign of hair upon the head, although there existed eyelashes. On the face, body, upper arms, and thighs, as well as the genital organs, the skin was of a very bright and shining red color, as if a diffused scarlatinous eruption was present. On both forearms from the wrist to the elbow, and on both legs from the ankle to the knee, the skin was perfectly hard and dry, like tanned leather. Around both wrist and ankle joints there was a line of demarcation, without cuticle, about one inch broad, surrounding the limbs like a bracelet, the outlines being somewhat irregular. Upon both hands and the fingers, and both feet and the toes, the skin was soft and moist and easily removed when touched. The nails were normal. In all other respects the child appeared well-developed and normal. It nursed well, the secretions were normal—no vernix casersa.

The placenta came away without assistance. She had no untoward symptoms of any kind during and after labor. Everything was made as aseptic as possible, and was kept so. The patient was up and about on the tenth day. The child also progressed remarkably well. Wherever the skin wrs red it desquamated exactly as it does after scarlet fever, on the limbs where the skin was dry, and it gradually peeled off in small patches: Upon the hands and the feet the skin dried up in a few days and followed the previous process.

The treatment simply consisted in keeping everything scrupulously clean and dusting the child plentifully with compound talcum powder. It took about four weeks for the

process to become completed. The child, to-day, looks as if it never had had any trouble at all.

REMARKS.

At the eighth month of development the pupillary membrane disappears, and the skin is then very poorly supplied with subcutaneous fat. Born at this time the child will appear perfectly red. But in the case reported, knowing that the mother had last menstruated in the early part of August, 1896, the child was born at full term. However, when the amniotic fluid is very small in quantity in the early part of pregnancy, the separation of the amnion from the embryo is thereby delayed. In these cases we will often meet with malformations or arrest of development produced by constriction.

In this case the mother had not noticed any loss of fluid as any period during her gestation. During the month of November, 1896, the oldest child suffered from an attack of diphtheria (?). At least such, the mother informed me, was the diagnosis of the physician who attended the child. The mother also sustained a *terrible* fright caused by the explosion of a gasoline stove one week before her confinement.

My opinion is that the above occurrence had no effect whatever upon the condition of the child. I look upon the case as congenital gangrene of the skin produced by pressure from the uterus upon the child by the absence of the amniotic fluid. At all events it is a unique case.

PERSONAL.

Miss L. M. Johnson, M. D., of Baltimore, has just been admitted to the Maryland College of Pharmacy. She is the first woman to be admitted since the establishment of the college, in 1841.

Dr. Bertha V. Thompson has just been appointed city physician of Oshkosh, Wis. She is the first woman to hold the office of city physician in the state of Wisconsin. She was born in Neenah, Wis., and was a teacher for a few years and then served as a nurse in hospitals before studying medicine. She is the only woman physician in Oshkosh.

A step in the right direction has been taken in securing

a woman physician for the new Girl's High School of New York. Doctor Frieda Lippert has the chair of physiology, and will also give attention to the physical needs of the young women. Dr. Lippert had a valuable hospital experience of several years in Philadelphia before she came to New York, and has interested herself in much of the philanthropic work of the metropolis. The medical work of the famous Judson Memorial Church is the outcome of her individual effort. She is a member of the Woman's Auxillary of the University Settlement Society, and of the New York Academy of Medicine. She is also a Daughter of the American Revolution.

Dr. Lola D. Clark, a graduate of the University of Michigan, is matron of the eye, ear, nose and throat hospital of New Orleans. She believes in a woman physician being a good "all-round" specialist, and her present work is a part of her training for the practice of her profession.

The Topeka *Mail and Breeze* tells of honors recently extended to a Kansas physician who is an active suffragist. It says:

There are two homeopathic colleges in Kansas City; one has been established for many years, and is known as the Old College. The other is comparatively new and is connected with the Methodist University. The new passed over the many women physicians of Missouri and came to Topeka and selected Dr. Eva Harding, offering her the most important chair in the college—Materia Medica—and she will lecture this year to its students. No sooner had she accepted this honor than the Old College made her an offer of the same chair of Materia Medica.

Dr. Eva Harding was born in Springfield, O., and is a graduate of Hahneman Medical College of Chicago. At that time she was the youngest student that had ever graduated from a medical college. The women physicians at that time had a "rough road to travel". In spite of obstacles that surrounded her, she built up a good practice in Atchison and later in Topeka. This month the State board of charities appointed Dr. Harding physician of the Boy's Reform School, which is the first time a woman physician has been given this place, not only in Kansas. but in this country. She will remain in Topeka, going to Kansas City each week during the school term, delivering lectures and returning home on the early train.

The Woman's Medical Journal.

Subscription Price $2.00 Per Annum. ***Single Copy 20 Cts.***

TO CONTRIBUTORS AND SUBSCRIBERS.

Contributions, Books for Review, and all other communications relating solely to ***The Woman's Medical Journal*** should be addressed to the Managing Editor Woman's Medical Journal, Toledo, Ohio.

The Editors and publishers are not responsible for the views of contributors.

REPRINTS—Contributors desiring reprints should notify us when copy is sent, as to number desired. Seventy-five will be furnished gratis to those desiring them

E. M. ROYS-GAVITT, M. D. Editor-in-Chief. CLAUDIA Q. MURPHY, Managing Editor

DEPARTMENT OF SURGERY

Marie J. Mergler, M. D. ..... Chicago, Ill.

DEPARTMENT OF GYNECOLOGY

Lillian Towslee, M. D. ..... Cleveland, O.

DEPARTMENT OF DIETETICS.

Frances Rutherford, M. D. ..... Grand Rapids, Mich.

DEPARTMENT OF PAEDIATRICS & INFANT FEEDING.

Edith A. H. Fyffe M. D. ..... Chicago, Ill.

ASSOCIATE EDITORS.

Mary J. Spink, M. D. ..... Indianapolis, Ind.
Julia A. Carpenter, M. D. ..... Cincinnati, O.
Susanna Boyle, M. D., C. M. ..... Toronto, Ont.

Address all Business Communications to MARGARET L. HACKEDORN, Business Manager.

THE CLOSING OF THE YEAR.

THE clear and sharp days of December bring with them more than the suggestion of the advent of Christmas tide; more than the approach of practical Christian charity; for with it comes also the realization of the fact that this is the last month of the year, the time for closing up and also counting up the losses as well as the gains of the fateful year of '97.

Some have already been called to account for the talent which was loaned them; some are hiding it still; while others have ventured it in the great stream of traffic and trade.

Every publication while not possessing life in itself, yet gains an entity from the life of those who go to make it up, and this JOURNAL is not without this characteristic life, and being so, is involved in the grand summing up for the year.

Women in medicine have been, at least as fortunate as have men; in some ways they have been more fortunate for there is not the great competition of numbers which confront a man.

So also with THE WOMAN'S MEDICAL JOURNAL; while

our field is limited, it is not on the other hand filled to overflowing with an endless variety of self same journals, each vieing with the other for paramount excellence.

This JOURNAL is, it must be, what the women of the profession make it, and like a thermometer it registers faithfully the gradations of its constituents.

The past year has added many friends to the JOURNAL, has added many pleasant features and we trust on the other hand, that this JOURNAL has not failed on its part to give some pleasure and profit to its friends.

We all rise or fall together.

MERRY CHRISTMAS.

WHAT a variety of emotions impel the greetings of the season—with what varied feelings we give voice to the joyous Merry Christmas.

Sad hearts say it, that they may at least appear glad; that they may have the outward evidence of peace, contentment and happiness; glad hearts say it because they are glad; true hearts say it, because they genuinely wish the world the greetings they voice, so whatever the motive, whether it be sad, glad or true—humanity—Christian humanity extends, each to the other, A Merry Christmas!

DR. A. L. HUMMEL.

The announcement of the death of Dr. A. L. Hummel, at Denver, Col., recalls the early days of this journal. The days when friends were few and encouragement small—and it also recalls the pleasant fact that Dr. Hummel was a friend indeed. At the inception of this journal a letter was written to Dr. Hummel—explaining the proposed venture—promptly came the most encouraging reply, full of kind words and good advice.

His support was continuous and practical, and this jour-

nal feels that in the passing away of Dr. A. L. Hummel, it has lost a friend to whom it is indebted for many favors. Always a gentleman in his dealings with The Woman's Medical Journal, as in all his dealings in life, the death of Dr. Hummel leaves a place difficult to fill.

PERSONAL.

At the opening of the forty-eighth annual session of the Woman's College of Pennsylvania, in Philadelphia, Dr. Anna M. Fullerton, clinical professor of gynaecology, delivered an address on "Methods in the Study of Medicine". Nearly two hundred students are in attendance. Dr. Clara Marshall is dean.

The Congregational Woman's Board of Missions has received the annual report of the Hospital for Women and Children in Foochow, China. It shows that medical work for women and children was begun in the city twelve years ago by Dr. Kate C. Woodhull, and has since been carried on by her, except when on furloughs in the United States. Not long after her arrival a native house was fitted up for a hospital. A few years later the present hospital was built, which, although not large, is of a plan well suited to the needs of China.—*Woman's Journal.*

Dr. Marion Hunter, niece of Sir William Hunter, has been appointed the woman member of the British medical corps sent out to combat the plague in India. She was until recently the only woman physician holding the Cambridge diploma of public health.

FIX IT SOMEWAY.

Out of two hundred and twenty-two pupils in the grammar schools in Chicago who attained a certain efficiency, only twenty-five were boys. This would indicate that girls are about four times as bright as boys. It is hard to understand these things and straighten up the rules of heredity. It is, we believe, the accepted rule that boys "take after" their mothers and the girls after their fathers. If they, the women, are the smarter, the boys, "taking after their mothers" should also be the smarter. If the men are the smarter, then the girls, "taking after their fathers," should be smarter. It is a difficult mystery to unravel.—*Medical Record.*

REPORT OF A CASE OF GLANDULAR FEVER.

By Charlotte C. West, M. D., Philadelphia.

SIX months ago there was but little published in America and England on glandular fever; the Continental observers, however, have been showing an increasing interest in the subject since the publication of Pfeiffer's memoir in 1889.

Dr. Samuel M. Hamill has presented the first exhaustive account of glandular fever in American medical literature in the June number of the *University Medical Magazine.*

The report of a case which came under my observation recently may prove of interest at this time.

My little patient, Frankie C., aged two years and eight months, is a large, splendily developed boy. Though ill cared for and living under rather unfavorable conditions, he hitherto has had perfect health. During the first week in May he was ill several drys with rotheln. It was a mild, typical attack, and ran a short course. In five days he seemed as well as usual.

Four days after I was again called in. In the meantime he had been allowed to play in a bare, damp room and run out into the yard during a chilly, wet day. I at first believed the child had parotitis, but upon closer examination found the following conditions: a uniform, bilateral cervical adenitis, involving the submaxillary and sublingual glands, which were so swollen that they reached the lower border of the inferior maxilla. The lymph glands below the mastoid process and at the upper third of the sterno-cleido mastoid muscle (the post-auricular glands) were as large as walnuts. They were hard and painful to the touch. The skin was tightly drawn over the swellings. It was not reddened, and there was no edema.

The little patient held his head rigid, seemingly unable to bend it any direction. Pain upon swallowing was complained of. There was profuse coryza. The fauces wore deeply injected; the tonsils were not hypertrophied. The mouth, throat and nasal chambers were filled with a tenacious, glairy mucus. There was no enlargement of the liver, spleen, axillary, or inguinal glands.

There was constipation, but no abdominal distention or tenderness.

There was no vomiting. Anorexia was complete. The tongue was slightly coated. There was headache and much irritability, with great pain in the lower limbs.

The temperature when first seen was 104.5° F. After the first day it fluctuated between 101° and 103° F. The child rapidly became greatly prostrated. He was extremely restless. On the third day there was almost complete suppression of urine, abouta drachm being voided in twenty-four hours.

This partial suppression continued for six days, despite all medication, not more than a drahm or two being passed in twenty-four hours during this time. Albumin was never observed.

The patient's nights were spent in ceaseless tossing and wakefulness, with profuse sweats.

Large doses of the bromides and chloral had no quieting effect, while diuretics increased the depression, which was now extreme.

Had I not felt so positive of my diagnosis and reposed such absolute confidence in the observations of Pfeiffer, Protassow, Comby and others, I would certainly have given an unfavorable diagnosis. So critical seemed my little patient's state at this time, however, that I thought of calling in counsel, when the temperature suddenly dropped to 97° F., the kidneys begau to act more freely, though still feebly, and the swelling gradually decreased.

The temperature remained subnormal for several days, when it became normal. After three days it again rose to 102.5° F., accompanied by a swelling of the glands at the nape of the neck and lower border of the occipital bone (the occipital glands). They were about the size of a cherry. There was now a complete ring of swollen gland around the neck.

At no time did the glands fluctuate or show a tendency to suppurate.

The temperature remained elevated for three days, when it dropped to normal and improvement progressed uninterruptedly.

The patient was now in his fourth week of his illness, greatly emaciated, anemic and extremely week. At this time, six week after the disease manifested itself, the glands

are still somewhat swollen, though not painful; convalescence is greatly protracted.

A culture from the throat, made by W. S. Gillespie, showed an extensive growth of streptococci, thus bearing out the observations of Desplats, Neuman, Hamill and others.

During the first week of the little patient's illness, an exanthem, resembling urticaria, but without itching, appeared upon the lower extremities. It lasted four days, and did not reappear.

There were no other children in the house. Two young adult females, who assisted in the care of the patient, were ill for several days during this period, complaining of angina, headache, constipation and general.

The fact that this disease in many of the reported cases followed one of the infectious fevers, or attacked strumous children, seems significant.

May it not be due to a special organism which finds in these intoxicated constitutions a suitable field for the propagation of a germ which might otherwise prove inert?

The disease does not seem to be a common one, Pfeifer's belief to the contrary notwithstanding. Protassow thinks it is rare, and calls attention to the fact that Rauchfuss in his extensive observations had only met with two cases.

If caused by the action of the streptococcus or staphylococcus, it seems likely that we would have many more opportunities for observing and studying this very interesting condition.

The use of the antistreptococcal serum might be of some value. I have seen no reference made to it in connection with this disease. The weight of opinion, hower, is doubtless with Combemale, who believes glandular fever to be a particular microbe still unknown.

A CASE OF NASAL OBSTRUCTION IN THE NEWBORN.

By Eliza H. Root, M. D., Professor of Obstetrics, Northwestern University, Woman's Medical School; Attending Obstetrician to Wesley Hospital, Chicago.

IN October last I was called to a case of labor, which was normal as to duration and severity; but the baby was asphyxiated, and with difficulty resuscitated. The child was well nourished and no cause for the asphyxia was apparent. The mother stated that this was her fourth child, that her previous pregnancies were normal, and that the children,

living with friends in a neighboring State, were all healthy. During her last pregnancy she had been obliged to work hard for the support of herself and children, her husband having deserted her early in her regnancy. Otherwise the mother's history was negative.

After the baby was cared for I noticed its integument remained quite cyanosed, but nothing further was noted until my visit on the following day, when the mother informed me the baby could not take the breast.

On making an investigation I found the baby was not breathing through its nose at all, and when the mouth was closed upon the nipple respiration was entirely cut off. I examined the pharynx and found the mucous membrane congested, their being little or no discharge of mucus and none of muco-pus from the naso-pharyngeal cavity or from the nares. In the effort to breathe, the uvula with the arches were drawn backward and the pillars of the fauces relaxed so as to almost close the phatynx, as if paralyzed. The true character of the nasal obstruction I failed to determine at this time. The child lived one week, taking what little nourishment it could from the spoon. It suffered from renal insufficiency with uric acid, and prior to its death there was a rise of temperature ranging from 100° to 101° F., but it had no convulsions or notably paralysis.

Post-mortem three or four hours after death. In the right nasal cavity the inferior and middle turbinated bodies were greatly enlarged and engorged with blood, resembling two rather small and well filled leeches lying one above the other, completely occluding the nasal passage. The superior turbinated body appeared normal. In the left nasal cavity the turbinated bodies were congested, but not so large as to occlude, of themselves, the nasal passage.

The brain. Over and following the fissure of Sylvius on the right side, the pia mater was deeply engorged, as were all the blood vessels about the base of the brain; fluid lay in the fissure and at the base of the brain on the right side, while the cerebellar cavity on each side contained a considerable quantity of fluid.

Capillary engorgement was very considerable everywhere, except in the liver, which was pale and smaller than normal. The spleen was firm, dry, and darker than normal.

The kidneys were congested, and some post-mortem (?) changes were observed in the stomach.

During life the engorgement of the enlarged turbinated bodies was necessarily greater that post mortum, and pushed the soft nasal sæptum against those of the left nasal cavity, thus effectually occluding both nasal passages. The rise of temperature was doubtless due to inanition. As to treatment, palliative measures were fruitless, while the value of surgical interference upon such highly vascular tissue in so young a child could only be known after trial. As to the cause of this condition of the nares I am wholely in the dark, and have, so far, been unable to find on record a similar case.

The Book Table.

The appearance of the fiction of to-day presents a strong and sharp contrast with that of preceding years.

The early novel was simply a love story, more or less voluminous according of the ability to the author; it dealt with society people largely, for the early fiction writer believed that the world of readers preferred to read of wealthy, or at least well to do people, so they always dressed their people well, clothed them handsomely and housed them comfortably, with a fair allowance of pocket money. The servants stayed whether wages were paid or not, an ideal condition, albeit a little hard on the servant.

This condition was followed by the society novel of Howells, Warner and that class; they pictured modern society, the living of to-day especially in large cities. Blowsalinda of the old novel was transformed into Ethel of the new, and the old surroundings were transformed into elaborate modern accessories. So it went on until lately when a new school entered in possession of the field and the novel of to-day. or at least a majority of them is looking backward, rather than forward.

Colonial days seem to furnish a favorite background for the display of the recent creations in fiction, or if not that, then half a century prior to that, but whether the former or

the latter the time of the new novel is remote and the characters a renaissance of the seventeenth century.

This winter's array of fiction is fine and as a rule it is well done, full of life, fire and imagination. But good literary work is the rule in all classes this year and 1897 will be remembered as most prolific in good books.

From HOUGHTON, MIFFLIN & CO.,

Publishers, Boston, Mass.

Seven on the Highway; by Blanche Willis Howard, cloth, 16 mo. 272 pp, price $1.25.

Blanche Willis Howard certainly needs no introduction, her stories have been with us for many years. We all recall her first story "One Summer" a bright, cheery story of bright people. Well, this author has been fortunate in keeping her work up to the mark. This "Seven on the Highway" is seven stories each one of which is better than the other; it may sound paradoxical, but when you read the book you will say so, too. The stories are short, and most of them have already appeared in various magazines, but they are none the worse for that.

Miss Howard has a style that is good, and her vein is decidedly optimistic and this is decidedly refreshing in view of the flood of introspective morbid literature that abounds.

* * * *

The Story of Jesus Christ, an interpretation; by Elizabeth Stuart Phelps, cloth, illustrated, pp 413, crown 8 vo, price $2.00.

With a deep feeling of reverence Mrs. Ward has taken up this work which she modestly calls an interpretation. At first thought there is a feeling that this is a most audacious effort, but on second thought the feeling of awe gives way to one of justice and who has more true insight than a woman; who were nearer to Christ than women; who stayed longer, suffered more, loved him best; whe but women? And so Mrs. Ward says:

"The story of the Gospels was written by men. Men have studied and expounded it for two thousand years. Men have been its commentators, its translators, its preachers. All the feminine element in it has come to pass through the medium of masculine minds. Of the exquisite move-

ments in the thought and feeling of Mary at this crises of her history; what man could speak? Only the hearts of women can approach her, when, quite without angelic indorsement or even human protection, she is left to meet the consequences of the Will of God upon her life."

Her story of Jesus opens to the world a new view—a woman's view—and men and women needs must rejoice that this is so.

The woman's voice, the woman's appreciation, has been silent too long already and we are glad that so able a pen as Mrs. Ward's has opened the door to woman's point of view in the life of Jesus and Mary his mother.

* * * *

Stories and Sketches for the Young; by Harriet Beecher Stowe, Riverside Edition, cloth, gilt top, uncut, 12 mo. pp 383, Price $1.50.

Mrs. Stowe was most fortunate in her stories for the young as in truth she was in all her stories. This new edition is most carefully prepared and elegantly bound—and again the family of Mrs. Stowe receive the royalty from her books only through Houghton, Mifflin & Co.

The stories are familiar to us all, even though they are arrayed in a new dress. But no better book can be put in a childs hand than this one, and that is saying much.

From DOUBLEDAY & McCLURE CO.,

Publishers, New York City, Brown, Eager & Hull, Toledo, Ohio.

Bird Neighbors, With 50 Colored Plates. Text by Neltjie Blanchan. Introduction by John Burroughs. For the first time we have with competent and readable text, colored plates of sufficient size and faithfulness in color to really help the bird-lover. Royal octavo, $2.00.

Perhaps there is no subject of which the average person sees as much, and knows as little, as of birds. A bird's a bird and while we may admire it more or less, our interest or rather our knowledge ends there.

The plates are fine, correct and comprehensive—this also applies to the text in which there is not a superfluous word—the work is also supplied with a most admirable index and is most simple for reference. We are sure that this book will serve as a companion in many walks when we shall endeavor to at least secure a speaking acquaintance with our winged neighbors.

How To Build A Home; by F. C. Moore. The House Practical. Not a book of designs, but a guide to economical and sensible building. A study of it will enable the amateur to avoid Smoky Chimneys, Leaking Roofs, Bad Plumbing, and "Extras." Unique wood binding, $1.00.

Certainly no more practical book has been issued these many days, and in these days of new homes and modern improvements no suggestion however small is without value.

The past few years have been years of much advance in architectural fields and this is a summing up of that advance.

It is comprehensible, compact, concise.

* * * *

Little Masterpieces. The first of a series of little pocket books, flexible and well made, with photogravure frontispiece. The volume now ready contains the most characteristic stories of Poe, Irving, Hawthorne. 30 cents each, cloth; 60 cents full leather. Three in a box, cloth, 90 cents. Leather, three in a box, $1.80.

In this day of dainty books, these volumes surpass in beauty and selection their other comrades in the field of literature. They are convenient to carry in case or in pocket, on train or car and will find a most generous welcome awaiting them in the world of book lovers.

From THE PILGRIM PRESS,

Publishers, Boston, Mass.

Helpful Thoughts for Quiet Homes; compiled and arranged by Sarah F. Day, cloth, gilt top, 12 mo, pp 384.

There is a breath of a quiet Sunday afternoon in this book that is full of rest, so full of helpful thoughts as to shut out some of the unrest of the driving days of work and rest.

Mrs. Day tells us that the selections were originally arranged for her children—fortunate children—and, too, we are also fortunate in being successors to these children in these Helpful Thoughts.

There is only one criticism; the book needs a good index of authors to be more complete; perhaps the editor will arrange it for the next edition.

From A. C. McCLURG & CO.,

Publishers, Chicago.

A Group of French Critics; by Mary Fisher. 300 pp, price, $1.25, 16 mo. bound in dark green cloth.

French literature is to most of us an unexplored region, peopled largely by Hugo, Dumas, Zola and a scale ever descending until we reach a grade whom we declare with a sigh it were best not to know, so we judiciously close our eyes to the better features of French literature.

French fiction has been exploited so persistently as over realistic that we are prone to assign similar scruples toward the whole field of literature of that country. To be sure, this condition arises largely from ignorance—but so also do most of our prejudices, they increase in direct proportion.

But to our text: Miss Fisher has in truth presented a well diversified group of crities, Scherer, Bersot, Girardin, Doudan, Planche. In each essay she gives us a graphic insight into the work of each and inspires us with a desire for more knowledge. The reader is led on most delightfully from one to the other, each possessing many claims to our admiration.

There is a feeling that you are in thoroughly good company and are better for it.

Miss Fisher says:

"Everywhere and at all times it is the work of true criticism to expose the rhetorical debasement of the ideal, and this apotheosis of disorder and corruption. True criticism is not the mere expression of an opinion; it is the search for the faithful reflection of true life in literature."

The compiler of these essays has been very fortunate in making her translations so fine—if the original French is as charmingly constructed as Miss Fisher's English, nothing more can be desired.

The first critic discussed is Edmond Scherer, speaking of his old age, (he was 74), he says:

"What a delicious thing is old age—old age approaching or even already come—with health, of course, that first condition, that substratum of all joy, and with faculties intact enough to spare you the proofs of decay. The passions are stilled, but the feelings may yet be warm. Talent, if there is any, has gained in acquirements and skill what it has lost

in enthusiasm; time which has dissipated the intoxications of youth, has given the singular pleasure of being undeceived. We have learned at our own expense, to be sure, but we have learned, and by experience we lay hold again of the life that is escaping us. We possess ourselves, and in this self-possession we control the destiny that still remains to be fulfilled".

* * * *

With A Pessimist In Spain; by Mary F. Nixon, cloth, gilt top, uncut, 12 mo. illustrated, price $1.50.

Spain is evidently a country fair to see and so, in company with the genial Pessimist, a good time was had. The book is bright and retells the story of Spanish sights with much charm and vivacity. It is not a particularly new theme, but the sights are told in a new way and the book is well illustrated. Miss Nixon has a good sense of humor and has the happy faculty of imparting a pleasant feeling to the reader.

The book will make a most desirable gift book and can not fail to please the very fortunate recipient.

* * * *

Men In Epigram, compiled by Frederick W. Morton, Companion to Women in Epigram, pp 227, 16 mo., cloth, gilt top, price $1.00.

These compilations have an unmistakable tang to them and are as pungent and sharp as the strongest Tabasco. The human of the gender masculine is presented with a choice assemblage of caustic wit and good humored revelery. Mr. Morton has gone through literature very thoroughly and the selections that are presented are assembled most judiciously.

Tho' tempted to quote—I will refrain, you, if you care for such things—if you like sharp sayings, get the book—it is by the way fitted with a most complete index, in fact two, for there is one by title and one by author, so you can't miss the desired bits.

From ROBERTS BROS.,

Publishers, Boston.

In Indian Tents; by Abbey L. Alger, cloth, uncut, 16 mo, pp. 139, price, $1.00.

In inverse ratio as the aborigines decrease does our interest in them increase; and the author stikes a most inter-

esting vein of aboriginal folk lore in these stories as told by the Penobscot, Passamaquoddy and Micmac Indians. The stories are entertaining and instructive and will be of value to the child, as well as to the older children, the men and women of to-day.

The old Indian traditions are fast fading away and the fixing of them in books is a benefit to posterity.

From T. Y. CROWELL & CO.,

Publishers, Boston.

College Training For Women; by Kate Holliday Claghorn, Ph. D., (Yale), one vol., 274 pp, 12mo., cloth, gilt top, $1.25.

There is no more pertinent question confronting the people of America to-day, than the matter of college training for its women. Time was when the three R's were deemed more than sufficient for her intellectual food, but that day passed a score of years ago. Ever since Oberlin, Mount Holyoke and Mrs. Willard began the higher education of women, in this country, there has been an increasing demand for more information concerning college training for women. Every family is sooner or later resolved into a committee on ways and means for higher education and be the destination college or seminary, the desire for information is the same.

Dr. Claghorn is thoroughly at home with her subject and pierces with an old teacher's discernment many of the fads and fancies of the devoted parent and aspiring student. She tells us what the college can and cannot do; what to expect and what not to expect.

* * * *

Why go to College? by Alice Freeman Palmer, formerly President of Wellesley College, bound in boards, decorated, 16 mo., pp. 32, price 35 cents.

Mrs. Palmer strikes the real solution of some of our evils of modern civilization when she says give every girl some knowledge whereby she may in time of need earn her own living. Her present essay is full of thought and inspiration to us all and twere well if a copy could be placed in every mother's and father's hands. It is dignified, sensible and practical.

What Is Worth While; by Anna Robertson Brown, 37 pp., boards, gilt top, 60 cents, leather, $1.00.

Truly this is a most artistic bit of work, a sermonette by a woman, to a woman, along the lines that appeal to women. It may be a little to "preachy" but we all need sermons like these. For who don't worry? who does not wonder once in a while just "where she is at", and if life is really worth the living? Of course it is, and a bit of a sermon just among ourselves will do a world of good.

From CHAS. SCRIBNER'S SONS,

Publishers, New York, N.Y.

The Sub-conscious Self and its Relation to Education and Self, by Louis Waldstein, M. D., cloth, 16 mo., gilt top, uncut, pp 171, price $1.25.

Dr. Waldstein has prepared a most careful study of impressions whether conscious or otherwise. He opines that many traits which we charge to inheritance really come to us through these sub-conscious impressions and I believe he is right. Surroundings and conditions have much to do in shaping character, and responsiveness to environment is quickly given by the young and impressionable brain.

This book is full of thought and will be appreciated by readers who care to go below the surface, who seek for causes.

* * * *

His Grace of Osmonde, by Frances Hodgson Burnett, cloth 12 mo., pp 464, price $1.50.

One of the few markedly successful books last year was Mrs. Burnett's "A Lady of Quality" and the interest in that story is continued in this, for this is a continuation of it.

Mrs. Burnett's is not an untried pen, but it is a new field to her, and she fills it perfectly. Her dialogue is natural; her plot consistent; her people alive; as mark the perfect story teller. "His Grace" is all that could be desired, in nature as well as in name. "A Lady of Quality" is so familiar to the reading world, that this continuation of it needs no introduction, but it will find a most royal welcome awaiting it.

* * * *

American Nobility, by Pierre De Coulevan, cloth, 12 mo., pp 498, price $1.50.

Some one in defining the attractions of an alliance in Europe says that in America the difference in the posses-

sions of comfort and wealth is merely a matter of quantity, we all partake of the same things, only the wealth buys more of them, and to secure a sharper contrast, they must needs go to older civilization and get some ancestry more resplendant plus a title. There is no denying we all like titles. "American Nobility" is in truth a satire on this very condition. Wealth is wealth, but wealth plus a title is perfection and attainable only in more effete civilization.

The story is well told; full of interest, and moves its puppets on a lively scale.

* * * *

An Old-Field School Girl, by Marian Harland, cloth, 16 mo., pp 208, illustrated, price $1.25.

This is a story for girls, of girls half a century ago, and so is full of quaint sketches and folk. The illustrations are fine and are historically correct, so the book gives us an insight into methods used in educating our mothers and grand-mothers. Then too, the story is a good story, healthy honest and true, full of good ideals and must awaken a spirit of generous emulation.

From THE PILGRIM PRESS,

Publishers, Boston, Mass.

A Bunker Hill Failure, by Anna F. Burnham, cloth, 16 mo., illustrated, pp 297.

The renaissance of colonial literature runs even to titles and this story is a story for boys, but is not colonial except in name the scene being laid in Massachusetts. Its a good every day story and albeit a Sunday School story it is a lively one.

* * * *

Common Sense Christianity, by Alonzo H. Quint, D. D., cloth, 12 mo., pp 229.

Christian socialism, common sense Christianity; these names indicate the road we are traveling. A generation ago who would have called a book so, and a generation hence what shall we call it? Time, and time alone, can solve the problem and Dr. Quint is doing us all a service by his exegesis.

From J. B. LIPPINCOTT & CO.,
Publishers, Philadelphia.

Barbara; Lady's Maid and Peeress; by Mrs. Alexander, cloth, 12 mo. pp 344, price $1.25.

We are, that is, most of us are, familiar with Mrs. Alexander's stories. They are not deep, nor very exciting, but they are clear and well told and that is a good deal nowadays.

"Barbara" is not up to the usual standard of Mrs. Alexander's work, it is a bit prosy and savors of padding, but it is a healthy, clean Euglish story of English life with the ever present Lord and Lady to grace the pages.

For a winter's night it will serve to pass the hours away.

From BOWEN-MERRILL CO.,
Publishers, Indianapolis, Ind.

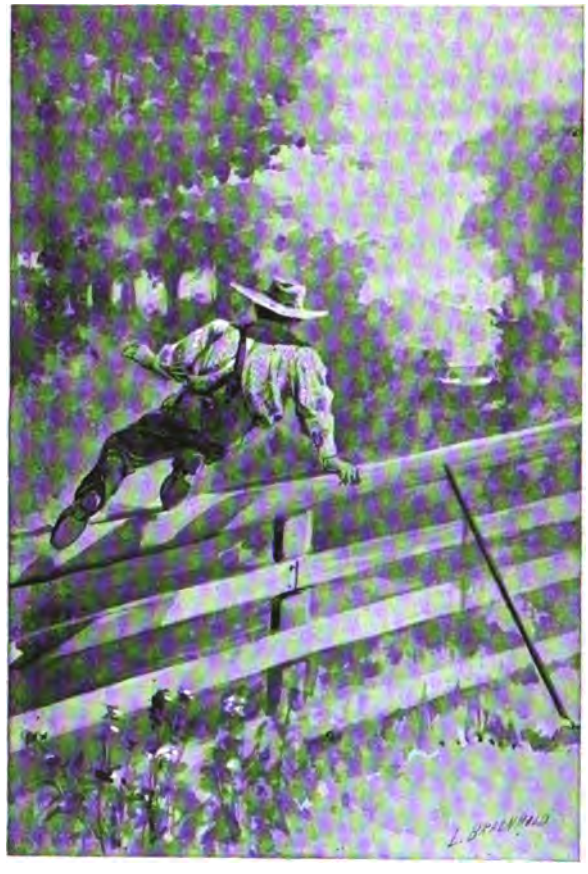
O wonderland of wayward childhood! What
An easy, breezy realm of summer calm
And dreamy gleam and gloom and bloom and balm
Thou art! - The lotus land the poet sung,
It is the Child World while the heart beats young.

FROM A CHILD-WORLD Copyright 1896
JAMES WHITCOMB RILEY'S New Book of Poetry Bowen-Merrill

A Child World, by Jas. Whitcomb Riley, cloth, gilt top, uncut, 12 mo., pp 209, illustrated, price $1.25.

Perhaps there is no writer of verse now living that compares with Mr. Riley in his sense of pathos and of humor and this publishing house has clothed his poems most handsomely. This latest book is especially fine for a Christmas Gift.

While Mr. Riley does not rank with the greater poets, yet he is far above the ordinary run of rhymsters and turns out nothing but clean, wholesome work.



. . . Jump over the fence like a deer, run to beat Nancy Hanks for a half a mile and leap into the swimming-hole (Page 111.)

From BURDETTE'S New Book of Humor CHIMES FROM A JESTER'S BELLS — Copyright 1897 Bowen-Merrill

Chimes from a Jester's Bells by Robert J. Burdette cloth, gilt top, 12 mo., pp 268, illustrated, price $1.25.

The initial story in this book is that of Rollo—full of fun, full of insight, full of perception, full of life, it is a story of the beginnings of life. Bob Burdette is a familiar name and he does not dissappoint his friends in this instance.

From RAND, McNALLY & CO.,

Publishers Chicago.

A Colonial Dame, by Laura Dayton Fessenden, cloth, 16 mo, gilt top, uncut, pp 220, price, $1.00.

In this year of attractive covers there has been none more artistic than the binding of "A Colonial Dame".

Miss Fessenden has arranged her time in the stirring days of '76 and grouped them around Washington. Patrick Henry, Major Andre and their colleagues, and with these characters, what wonder the story is interesting.

The story is well hung together and show a careful collation of facts.

The Antitoxin to Employ . .

Largest Use

Best Results

Highest

Endorse-ments

is **Mulford's Concentrated Serum.** It has the largest percentage of recoveries to its credit wherever comparisons have been made. It is uniform in strength and reliability.

The Collective Investigation on "The use of Diphtheria Antitoxin in Ohio" (Ohio Sanitary Bulletin, June '97) shows the following:

Kind of Antitoxin.	No. Cases	No. Deaths	Per Cent
H. K. Mulford	521	70	13.4
Parke, Davis & Co.	212	30	14.1
Behring	116	17	14.6
All Others	58	10	17.3
Total	907	127	

Mulford's Diphtheria Antitoxin has received official endorsements from more State and Municipal Boards of Health in the United States and Canada, and is now more largely employed, than any other serum.

Write for Seasonable Literature.....

H. K. MULFORD CO.,

Chicago. ***Philadelphia.***

From FREDERICK STOKES & CO.,

Publishers, New York.

Lying Prophets; by Eden Phillpotts, pp., 496, 12 mo., price, $1.25.

When the reader finally emerges from the story there is a feeling that a moral bath is an essential; the bad people are strong, and the good are weak and the result is a veritable chamber of horrors. Like a chamber of horrors there is a grewsome fascination that carries you through the book, having a desire to see how they all end.

The discriptions are good, the store well told, but you dont care for the things described nor are you pleased with the story. It seems such a waste of good words to use them in describing such a condition, in relating such a moral quagmire, but every one to their taste and those who like realism

will get a full portion of it here. The ideal is completely eclipsed by the real.

* * * *

A Fountain Sealed; by Sir Walter Besant, pp., cloth, 12 mo., price, $1.50.

Sir Walter Besant is one of our best writers of fiction, he is truly a master craftsman and his books show the trained hand that wield the pen; not a superfluous word, not an unneccessary line, not a useless chapter, and the result is a perfect bit of work, skillfully done and admirably told. The time of the story is in the middle part of the 17th century, the scene London, the people Quakers and Royalty, and hero being none other than George, Prince of Wales, afterward George III.

The women of the story are Friends, Leterodox and vivacious, the men Prince George and Prince Edward, tho each is incognito. Nancy is loyal, brave and loving, tender and true, who believes that the love of an hour may be the love of a life time and that a single life true to that love is justified, irradiated because of it. There is no jealousy, no heartburning. She is glad because the first love was hers.

* * * *

Fairy Tales; by Thomas Dunn English, cloth, gilt top, illustrated by Elizabeth Tucker, 12 mo., pp. 303, price $1.25.

There is a world of charm in that old initiatory phrase "once upon a time" and it beckons us on, no matter what the years that have rolled away from us since we could sit with our feet curled under us, and lose ourselves in the maze of mystery. So once more we respond to the old invitation, and once more we follow the fairies in their adventures. Each story is full of imagination, consistent and clean, and the names are well adapted to the characters.

From LONGMAN'S, GREEN & CO.,

Publishers, New York.

Wayfaring Men, by Edna Lyall, cloth, 12 mo., pp 452, price $1.50.

Sometimes an impression comes to us that all of the stories of any writer are more or less alike. but Edna Lyall is an exception in this story, for "Wayfaring Men is very different from her former stories. It is just as good, but it is different. It is a good story; it amuses; diverts; interests; what more would you?

A good story is a work of art.

3 GAL 241

3 2044 103